

471-000-507 Nebraska Medicaid Practitioner Fee Schedule for Durable Medical Equipment, Prosthetic, Orthotics and Medical Supplies (DMEPOS)

Note: Prior to using information provided in this fee schedule, review the following on-line tools for the latest in DMEPOS policy and billing guidance:

DMEPOS Provider Handbook: http://dhhs.ne.gov/medicaid/Pages/med_phdme.aspx

Provider Information: http://dhhs.ne.gov/medicaid/Pages/med_provhome.aspx

Provider Bulletins: <http://www.dhhs.ne.gov/med/pb/>

Client Eligibility: Call the NMES Line at 1-800-642-6092 for client's Medicaid eligibility & enrollment in Managed Care, or use http://dhhs.ne.gov/medicaid/Pages/med_eligibility.aspx

Claim Inquiries: Call the Inquiry Line, 1-877-255-3092,

This fee schedule does not address the various coverage limitations routinely applied by Nebraska Medicaid before final payment is determined (e.g., beneficiary and provider eligibility, benefit limits, billing instructions, frequency of services, third part liability, age restrictions, prior authorization, co-payments/coinsurance where applicable, etc.). Procedure codes and/or fee schedule amounts listed do not guarantee payment, coverage or amount allowed.

Although every effort is made to ensure the accuracy of this information, discrepancies and time lag may occur. All information may be changed or updated at any time to correct a discrepancy and/or error. The reimbursement rates reflected in this fee schedule are in effect as of the date of this report. The reimbursement rate made on a claim will depend on the date of service, since reimbursement rates are date of service effective.

For billing instructions for DMEPOS Services, please see <http://dhhs.ne.gov/Documents/471-000-55.pdf>

For billing instructions for those clients in a Nursing Facility (NF) or Intermediate Care Facility for the Developmentally Disabled (ICF/DD), please see <http://dhhs.ne.gov/Documents/471-000-80.pdf>

All claims are subject to post payment review. If it is determined that any DMEPOS or related service was not to have been covered then the provider's repayment of funds will occur. See 471 NAC 3-004.09, Provider Refunds to the Department and 471 NAC 3-004.09A, Department Requests for Refunds.

The dollar amounts listed are the Medicaid maximum allowable. Payment is the lesser amount of the maximum allowable amount or the provider's submitted charge.

Claims must be in compliance with NE Medicaid Policies for payment to occur.

For DMEPOS policy issues, contact the Program Specialist at dhhs.dme@nebraska.gov

TO DETERMINE MEDICAID ALLOWABLE:

1. IDENTIFY THE CODE.

- A. First, identify the correct code for the DMEPOS item or service you are dispensing. Refer to the latest Health Care Common Procedure Coding System (HCPCS) Level II Expert book for code descriptions.
- B. If a type of item has a specific HCPCS code assigned, the provider must use that specific code when billing and not use a "miscellaneous" code.

2. FIND THE CODE/MODIFIER COMBINATION. The procedure code and modifiers combinations listed are what is covered by Medicaid. Click on the "binoculars" search tool located in the left chimney, and search for the code or press control + F and search for the code.

- Left (LT) and right (RT) are not modifiers, please place that identifying information in the description area of you prior authorization or claim or the designated area on forms.

3. LOCATE THE MEDICAID ALLOWABLE.

- A. Medicaid reimbursement is up to this amount for the procedure code and modifier combination of the item dispensed.
- B. If "RNE" is listed, see Step #5 for special pricing.

4. PAYMENT IS THE LOWER OF THE MEDICAID ALLOWABLE OR THE PROVIDER'S SUBMITTED CHARGE.

- A. Provider's submitted charge must reflect its charge to the general public.
- B. Provider must not bill Medicaid more than it charges the general public.

5. SPECIAL PRICING. Certain procedure codes will not have a unit value. RNE means "rate not established."

- A. Medicaid pays RNE codes at a "reasonable rate" based on the service.
- B. When submitting the claim for a RNE'd code, provider must include the following:
 - 1) A detailed physician's order for the item;
 - 2) A copy of the prior authorization;
 - 3) A clear description of the item dispensed such as brand/model; and
 - 4) An actual cost invoice from the manufacturer with the client's name on it. An actual cost invoice is the supplier's invoice that the provider actually paid, and includes any discounts and rebates to the provider.

MODIFIERS & BILLING TERMINOLOGY /INFORMATION:

Most expendable/disposable items do not have any modifiers. Durable Medical Equipment (DME) items may have modifiers. Generally, only one modifier can be used per procedure code. (Exception: oxygen equipment and content have flow rate modifiers for payment purposes.)

1. MODIFIER DEFINITIONS FOR DMEPOS.

NU	New durable medical equipment purchase. Some items that always require a new medical evaluation, such as wheelchairs, will always take NU, even if a replacement.
RR	Rental. Use when DME is rented for a full one month period - see 471 NAC 7-010.09D. A unit is one month.
KR	Daily rental. Use when DME is rented for less than a one month period - see 471 NAC 7-010.09D. A unit is one day.
UE	Used durable medical equipment purchase. 75% of purchase allowable.
MS	Six month maintenance/servicing fee for reasonable and necessary parts/labor not covered under any warranty. 6 month maintenance = 1 month rental amount. (Use for DME exempt from rental/purchase option after 12 months rental was paid. (See 471 NAC 7-010.09B.) For MS supplies, use RB. Clearly state: "Client-owned equipment."
LL	Conversion of DME rental to purchase. (When using LL modifier, list the initial date of delivery in Field 19, CMS-1500 claim form and bill initial purchase price.)
RA	Replacement of DME item owned by the client. (Think of RA as a replacement for a stand-alone piece of equipment, such as nebulizer, or a hospital bed.)
RB	A part, in conjunction with a repair to DME item owned by the client. (Think of a wheelchair wheel or nebulizer mask.) On claim, clearly state: "Client-owned equipment."
KA	Add on option/accessory, or upgrade option/accessory for a wheelchair REV.
22	Increased Procedural Services
52	Reduced Services

2. MODIFIER FOR NUTRITIONAL SUPPLEMENTS.

BO	Orally Administered Nutrition
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3. MODIFIERS FOR OXYGEN EQUIPMENT.

QE	Prescribed amount of oxygen is less than 1 liters per minute (LPM)
QF	Prescribed amount of oxygen exceeds 4 LPM and portable oxygen is
QG	Prescribed amount of oxygen is greater than 4 liters per minute (LPM)

4. REPAIRS (RB MODIFIER) TO CLIENT-OWNED EQUIPMENT.

- A. All manufacturer and provider warranties must be pursued. Repair involves fixing or replacement of the components.
- B. Medically necessary equipment covered in 471 NAC Chapter 7 do not require prior authorization if repairs (all lines/claims) are billed at a total of \$500 or less.
- C. If the HCPCS code for a repair item does not have a set reimbursement rate (if listed as RNE – rate not established), then the provider must still submit a detailed description and an actual cost invoice with the claim. See Provider Bulletin # 10-17.

5. NUTRITIONAL SUPPLEMENTS.

- A. Require physician's order of medical necessity with supporting diagnosis code(s); and
- B. The amount (number of calories per day) required of the supplement; and
- C. The duration (expiration date) of the order.
- D. A Medicaid nutritional supplement "unit" is 100 calories (not grams, ounces, milliliters or cans – a frequent denial reason.)
- E. Do not use the BO (oral fed) modifier if client is tube-fed.
- F. For infants/children eligible for Women Infants and Children (WIC), Medicaid covers the difference between the amount of nutritional supplement dispensed by WIC to the client and the amount ordered by the physician.

6. MISCELLANEOUS CODES.

- A. When billing a claim for a miscellaneous code, include a detailed item description and an actual cost invoice. To pay, the Medicaid claims processor must be able to determine what the "miscellaneous" item is, and what it cost the provider.
- B. A common cause of claim denials has been billing a miscellaneous code when the type of item has a specific code and allowance.
- C. Miscellaneous codes may not be used to claim an item that Medicaid doesn't cover, or to exceed the Medicaid allowable for a type of item with a specific code and allowance.

7. CODE LIMITS.

- A. Limits are based on medical necessity.

8. WHEELCHAIR PARTS/LABOR.

- A. Wheelchair miscellaneous parts may only be billed under K0108.
- B. Wheelchair labor is included in the Nursing Facility (NF) and Intermediate Care Facility for the Developmentally Disabled (ICF/DD) per diems as of August 1, 2013.

9. RENTALS.

- When filing rental claims, providers must use from thru dates.

10. OTHER.

- A. When billing an item where a unit is for one limb (leg, foot, etc.) state whether LT (left) or RT (right). LT or RT goes in the next open modifier field on the claim form. Examples include compression stockings, liners, orthotics and prosthetics.
- B. Medicaid does not pay separately for provider's mileage or postage, or supplier's shipping and handling.
- C. Items that a NF/ICF-DD can bill separate from their per diem are designated by an "X" in the far right column.

PRIOR AUTHORIZATION (PA). If an item requires a prior authorization request (PAR), submit on Form MS-77 found in the 471 NAC Appendixes. Some items require the use of other forms, please refer to 471 NAC 7.

- A. If the PAR is approved and provider dispenses the equipment, with the claim the provider must submit a clear description of each line item and its actual cost invoice, including any discounts and rebates.
- B. *A copy of the prior authorization must be submitted with the claim.*
- C. Any "miscellaneous" code billed at \$500 or more requires an approved PAR. See 471 NAC 7-008.
- E. Items requiring a prior authorization will have an "X" in the "PA" column or it will be noted in the comments section. See "D" above as well.
- F. Prior authorizations are good for one year unless otherwise noted for specific equipment. Medical necessity may expire within that year period therefore new medical necessity must be obtained if the medical necessity expires within the service dates of the claim.
- G. *Prior authorizations are done beforehand not after.* The only time prior authorizations are reviewed retroactively is when there is a ward of the state situation or if someone becomes retroactively eligible for Medicaid.
- I. *The following must be submitted with a PAR:*
 - 1) Providers must submit a manufacturer's quote (not a MSRP or cost invoice) with the client's information clearly noted on it by the manufacturer and not the provider. There are some instances where the manufacturer is the provider. This is used for Unit Price and other processing purposes to include medical necessity and coverage determination.

- 2) A letter of medical necessity. See 471 NAC 7-000 for the requirements for a letter of medical necessity. Medical necessity is good for one year. Stamped signatures are not accepted.
- 3) A doctor's order. Stamped signatures are not accepted.
- 4) Attach any other required documentation required pursuant to 471 NAC 7-000 or the following pages.

DMEPOS FORMS.

- A. MS-77: Request for Prior Authorization and Completion Instructions-
<http://dhhs.ne.gov/Documents/471-000-80.pdf>
- B. MS-78: Augmentative Communication Device Selection Report-
<http://dhhs.ne.gov/Documents/471-000-207.pdf>
- C. MS-79: Wheelchairs and Wheelchair Seating System Equipment Selection Report and Completion Instructions-<http://dhhs.ne.gov/Documents/471-000-208.pdf>
- D. MS-80: Air Fluidized and Low Air Loss Bed Certification of Medical Necessity-
<http://dhhs.ne.gov/Documents/471-000-209.pdf>

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
		INJECTION SUPPLIES, MEDICAL & SURGICAL SUPPLIES					
A4206		SYRINGE W/NEEDLE, STERILE		1 CC OR LESS, EACH		\$0.42	
A4207		SYRINGE W/NEEDLE, STERILE		2 CC, EACH		\$0.42	
A4208		SYRINGE W/NEEDLE, STERILE		3 CC, EACH		\$0.42	
A4209		SYRINGE W/NEEDLE, STERILE		5 CC OR GREATER, EACH		\$0.44	
A4212		NON-CORING NEEDLE OR STYLET		W/OR W/O CATHETER		\$9.44	
A4213		SYRINGE, STERILE		20 CC OR GREATER, EACH		\$1.25	
A4215		NEEDLE, STERILE		ANY SIZE, EACH		\$0.47	
A4217		STERILE WATER/SALINE		500 ML, USE ONLY W/LG VOLUME NEBULIZER, STATE ON CLAIM.(IF FOR IRRIGATION, BILL AS A LEGEND DRUG NOT A SUPPLY)		\$2.92	
A4218		STERILE SALINE OR WATER, METERED DOSE DISPENSER		10 ML, USE ONLY W/LG VOL NEBULIZER, STATE ON CLAIM. (IF FOR IRRIGATION, BILL AS LEGEND DRUG, NOT A SUPPLY)	RNE		
A4220		REFILL KIT FOR IMPLANTABLE INFUSION PUMP		NOT A SUPPLIER SERVICE		\$64.78	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
A4221		SUPPLIES FOR MAINT OF DRUG INFUSION CATHETER		PER WEEK LIST DRUGS SEPARATELY		\$23.96	
A4222		INFUSION SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP		PER CASSETTE OR BAG LIST DRUGS SEPARATELY		\$47.55	
A4223		INFUSION SUPPLIES NOT USED W/EXTERNAL INFUSION PUMP		PER CASSETTE OR BAG LIST DRUGS SEPARATELY		\$55.56	
A4230		INFUSION SET FOR EXTERNAL INSULIN PUMP, NON NEEDLE CANNULA TYPE			RNE		
A4231		INFUSION SET FOR EXTERNAL INSULIN PUMP, NEEDLE TYPE			RNE		
A4232		SYRINGE W/NEEDLE FOR EXTERNAL INSULIN PUMP		STERILE, 3 CC		\$3.06	
		BATTERIES, MEDICAL & SURGICAL SUPPLIES					
A4233		REPLACEMENT BATTERY, ALKALINE (OTHER THAN J CELL)		EACH, FOR USE W/HOME BLOOD GLUCOSE MONITOR		\$0.89	
A4234		REPLACEMENT BATTERY, ALKALINE, J CELL		EACH, FOR USE W/HOME BLOOD GLUCOSE MONITOR		\$4.09	
A4235		REPLACEMENT BATTERY, LITHIUM		EACH, FOR USE W/HOME BLOOD GLUCOSE MONITOR		\$2.64	
A4236		REPLACEMENT BATTERY, SILVER OXIDE		FOR USE W/HOME BLOOD GLUCOSE MONITOR		\$1.90	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
		OTHER SUPPLIES, MEDICAL & SURGICAL SUPPLIES					
A4244		ALCOHOL OR PEROXIDE		PER PINT		\$4.09	
A4245		ALCOHOL WIPES		PER BOX, 1 BOX=100 WIPES		\$6.29	
A4246		BETADINE OR PHISOHEX SOLUTION		PER PINT		\$17.62	
A4247		BETADINE OR IODINE SWABS/WIPES		PER BOX, 1 BOX=50 SWABS/WIPES		\$18.88	
A4248		CHLORHEXIDINE CONTAINING ANTISEPTIC		1 ML		RNE	
A4250		URINE TEST OR REAGENT STRIPS OR TABLETS		100 TABLETS OR STRIPS		RNE	
A4252		BLOOD KETONE TEST OR REAGENT STRIP	X	EACH,PA REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	
A4253		BLOOD GLUCOSE TEST OR REAGENT STRIPS, FOR HOME BLOOD GLUCOSE MONITOR STRIPS		PER 50 STRIPS		\$35.59	
A4255		PLATFORMS FOR HOME BLOOD GLUCOSE MONITOR		50 PER BOX		\$4.42	
A4256		NORMAL, LOW & HIGH CALIBRATOR SOLUTION/CHIPS				\$12.03	
A4258		SPRING-POWERED DEVICE FOR LANCET		EACH		\$19.10	
A4259		LANCETS		PER BOX OF 100		\$12.98	
A4261		CERVICAL CAP FOR CONTRACEPTIVE USE		AGES 12 TO 55		RNE	
A4265		PARAFFIN		PER POUND		\$3.64	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
A4266		DIAPHRAGM FOR CONTRACEPTIVE USE		AGES 12 TO 55		RNE	
A4267		CONTRACEPTIVE SUPPLY, CONDOM, MALE		EACH, AGES 12 TO 55		\$2.91	
A4268		CONTRACEPTIVE SUPPLY, CONDOM, FEMALE		EACH, AGES 12 TO 55		\$3.41	
A4269		CONTRACEPTIVE SUPPLY, SPERMICIDE (E.G., FOAM, GEL)		EACH, AGES 12 TO 55		RNE	
A4280		ADHESIVE SKIN SUPPORT ATTACHMENT FOR USE W/EXT BREAST PROSTHESIS		EACH		\$5.69	
A4281		TUBING FOR BREAST PUMP		REPLACEMENT		RNE	
A4282		ADAPTER FOR BREAST PUMP		REPLACEMENT		RNE	
A4283		CAP FOR BREAST PUMP BOTTLE		REPLACEMENT		RNE	
A4284		BREAST SHIELD & SPLASH PROTECTOR FOR USE W/BREAST PUMP		REPLACEMENT		RNE	
A4285		POLYCARBONATE BOTTLE FOR USE W/BREAST PUMP		REPLACEMENT		RNE	
A4286		LOCKING RING FOR BREAST PUMP		REPLACEMENT		RNE	
A4290		SACRAL NERVE STIMULATION TEST LEAD		EACH		RNE	
		INCONTINENCE APPLIANCES & CARE SUPPLIES, MEDICAL & SURGICAL SUPPLIES					
A4310		INSERTION TRAY W/O DRAINAGE BAG & W/O CATHETER (ACCESS ONLY)				\$7.68	
A4311		INSERTION TRAY W/O DRAIN BAG W/INDWELLING CATH, FOLEY TYPE 2-WAY LATEXW/COATING (TEFLON, SILICONE, SILICONE ELASTOMER, HYDRO, ETC.)				\$13.83	

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A4312		INSERTION TRAY W/O DRAINAGE BAG W/INDWELLING CATHETER, FOLEY TYPE 2-WAY, ALL SILICONE				\$19.42	
A4313		INSERTION TRAY W/O DRAINAGE BAG W/INDWELLING CATHETER, FOLEY TYPE 3-WAY, FOR CONTINUOUS IRRIGATION				\$19.93	
A4314		INSERTION TRAY W/DRAINAGE BAG W/INDWELLING CATHETER, FOLEY TYPE, LATEXW/COATING (TEFLON, SILICONE, SILICONE ELASTOMER, HYDROPHILIC)				\$27.22	
A4315		INSERTION TRAY W/DRAINAGE BAG W/INDWELLING CATHETER, FOLEY TYPE, 2-WAY, ALL SILICONE				\$28.41	
A4316		INSERTION TRAY W/DRAINAGE BAG W/INDWELLING CATHETER, FOLEY TYPE, 3-WAY, FOR CONTINUOUS IRRIGATION				\$30.30	
A4320		IRRIGATION TRAY W/BULB OR PISTON SYRINGE, ANY PURPOSE				\$5.57	
A4322		IRRIGATION SYRINGE, BULB OR PISTON	EACH			\$3.27	
A4326		MALE EXTERNAL CATHETER W/INTEGRAL COLLECTION CHAMBER, ANY TYPE	EACH			\$10.22	
A4327		FEMALE EXTERNAL URINARY COLLECTION DEVICE, METAL CUP	EACH			\$48.03	
A4328		FEMALE EXTERNAL URINARY COLLECTION DEVICE, POUCH	EACH			\$10.48	
A4330		PERIANAL FECAL COLLECTION POUCH W/ADHESIVE	EACH			\$7.69	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
A4331		EXTENSION DRAINAGE TUBING, ANY TYPE, ANY LENGTH, W/CONNECTOR/ADAPTOR		FOR USE W/A URINARY LEG BAG, UROSTOMY POUCH W/A URINARY LEG BAG OR UROSTOMY POUCH		\$3.42	
A4332		LUBRICANT, INDIVIDUAL STERILE PACKET				\$0.12	
A4333		URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT				\$2.36	
A4334		URINARY CATHETER ANCHORING DEVICE, LEG STRAP				\$5.30	
A4335		INCONTINENCE SUPPLY, MISCELLANEOUS	X	PA REQUIRED EXCEPT FOR IN A NF OR ICF/DD. MISCELLANEOUS CODES MAY NOT BE USED FOR AN ITEM THAT MEDICAID DOESN'T COVER, OR TO EXCEED THE MEDICAID ALLOWABLE FOR A TYPE OF ITEM W/A SPECIFIC CODE & ALLOWANCE.	RNE		
A4338		INDWELLING CATHETER, FOLEY TYPE 2-WAY, LATEX W/COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHILIC, ETC.)		EACH		\$13.19	
A4340		INDWELLING CATHETER, SPECIALTY TYPE, EG, COUDE, MUSHROOM, WING, ETC.		EACH		\$29.05	
A4344		INDWELLING CATHETER, FOLEY TYPE, 2-WAY, ALL SILICONE		EACH		\$17.24	
A4346		INDWELLING CATHETER, FOLEY TYPE, 3-WAY, LATEX OR TEFLON FOR CONTINUOUS IRRIGATION		EACH		\$21.09	

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A4349		MALE EXTERNAL CATHETER, W/OR W/O ADHESIVE, DISPOSABLE		EACH		\$2.17	
A4351		INTERMITTENT URINARY CATHETER; STRAIGHT TIP, W/OR W/OUT COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHILIC, ETC.)		EACH		\$1.94	
A4352		INTERMITTENT URINARY CATHETER, COUDE (CURVED) TIP, W/OR W/O COATING (TEFLON, SILICONE, SILICONE ELASTOMERIC, OR HYDROPHILIC, ETC.)				\$6.91	
A4353		INTERMITTENT URINARY CATHETER, W/INSERTION SUPPLIES				\$7.53	
A4354		INSERTION TRAY, W/DRAINAGE BAG BUT W/O CATHETER				\$12.70	
A4355		IRRIGATION TUBING SET FOR CONTINUOUS BLADDER IRRIGATION THROUGH A 3-WAY DWELLING FOLEY CATHETER		EACH		\$9.49	
A4356		EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE (NOT TO BE USED FOR CATHETER CLAMP)		EACH		\$47.09	
A4357		BEDSIDE DRAINAGE BAG, DAY OR NIGHT, W/OR W/O ANTI-REFLUX DEVICE, W/OR W/O TUBE		EACH		\$10.20	
A4358		URINARY DRAINAGE BAG, LEG OR ABDOMEN, VINYL, W/OR W/O TUBE, W/STRAPS		EACH		\$7.13	
A4360		DISPOSABLE EXTERNAL URETHAL CLAMP OR COMPRESSION DEVICE, W/PAD &/OR POUCH		EACH		\$0.50	

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		OSTOMY SUPPLIES, MEDICAL & SURGICAL SUPPLIES					
A4361		OSTOMY FACE PLATE		EACH		\$16.80	
A4362		SKIN BARRIER; SOLID, 4X4 OR EQUIVALENT		EACH		\$3.72	
A4363		OSTOMY CLAMP, ANY TYPE		EACH, REPLACEMENT ONLY		\$2.16	
A4364		ADHESIVE, LIQUID, OR EQUAL, ANY TYPE				\$3.15	
A4366		OSTOMY VENT, ANY TYPE		EACH		\$1.39	
A4367		OSTOMY BELT		EACH		\$7.91	
A4368		OSTOMY FILTER, ANY TYPE		EACH		\$0.27	
A4369		OSTOMY SKIN BARRIER, LIQUID (SPRAY, BRUSH, ETC)		PER OUNCE		\$2.21	
A4371		OSTOMY SKIN BARRIER, POWDER		PER OUNCE		\$3.87	
A4372		OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, STANDARD WEAR, W/BUILT-IN CONVEXITY		EACH		\$4.50	
A4373		OSTOMY SKIN BARRIER, W/FLANGE (SOLID, FLEXIBLE OR ACCORDIAN),W/BUILT-IN CONVEXITY, ANY SIZE		EACH		\$6.76	
A4375		OSTOMY POUCH, DRAINABLE, W/FACEPLACE ATTACHED, PLASTIC		EACH		\$18.49	
A4376		OSTOMY POUCH, DRAINABLE, W/FACEPLACE ATTACHED, RUBBER		EACH		\$51.22	
A4377		OSTOMEY POUCH, DRAINABLE W/FACEPLATE ATTACHED, PLASTIC		EACH		\$4.61	

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A4378		OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER		EACH		\$33.10	
A4379		OSTOMY POUCH, URINARY, W/FACEPLACE ATTACHMENT, PLASTIC		EACH		\$16.17	
A4380		OSTOMY POUCH, URINARY, W/FACEPLACE ATTACHMENT, RUBBER		EACH		\$40.18	
A4381		OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, PLASTIC		EACH		\$4.96	
A4382		OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, HEAVY PLASTIC		EACH		\$26.50	
A4383		OSTOMY POUCH, URINARY FOR USE ON FACEPLATE, RUBBER		EACH		\$30.34	
A4384		OSTOMY FACEPLATE EQUIVALENT, SILICONE RING		EACH		\$10.35	
A4385		OSTOMY SKIN BARRIER, W/FLANGE, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, W/O BUILT-IN CONVEXITY, ANY SIZE		EACH		\$5.49	
A4387		OSTOMY POUCH, CLOSED, W/BARRIER ATTACHED, W/BUILT-IN CONVEXITY (1 PIECE)		EACH		\$4.91	
A4388		OSTOMY POUCH, DRAINABLE, W/EXTENDED WEAR BARRIER ATTACHED, (1 PIECE)		EACH		\$4.69	
A4389		OSTOMY POUCH, DRAINABLE, W/BARRIER ATTACHED, W/BUILT-IN CONVEXITY (1 PIECE)		EACH		\$6.69	
A4390		OSTOMY POUCH, DRAINABLE, W/EXTENDED WEAR BARRIER ATTACHED, W/BUILT-IN CONVEXITY (1 PIECE)		EACH		\$10.34	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
A4391		OSTOMY POUCH, URINARY, W/EXTENDED WEAR BARRIER ATTACHED (1 PIECE)		EACH		\$7.61	
A4392		OSTOMY POUCH, URINARY, W/STANDARD WEAR BARRIER ATTACHED, W/BUILT-IN CONVEXITY (1 PIECE)		EACH		\$8.80	
A4393		OSTOMY POUCH, URINARY, W/EXTENDED WEAR BARRIER ATTACHED W/BUILT-IN CONVEXITY (1 PIECE)		EACH		\$9.73	
A4394		OSTOMY DEODORANT, W/OR W/O LUBRICANT, FOR USE IN OSTOMY POUCH		PER FLUID OUNCE		\$2.77	
A4395		OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, SOLIC		PER TABLET		\$0.05	
A4396		OSTOMY BELT W/PERISTOMAL HERNIA SUPPORT				\$43.58	
A4397		IRRIGATION SUPPLY, SLEEVE		EACH		\$5.15	
A4398		OSTOMY IRRIGATION SUPPLY, BAG		EACH		\$14.86	
A4399		OSTOMY IRRIGATION SUPPLY, CONE/CATHETER, W/OR W/O BRUSH				\$11.21	
A4402		LUBRICANT		PER OUNCE		\$1.64	
A4404		OSTOMY RING		EACH		\$1.81	
A4405		OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE		PER OUNCE		\$3.66	
A4406		OSTOMY SKIN BARRIER, PECTIN-BASED, PASTE		PER OUNCE		\$6.17	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
A4407		OSTOMY SKIN BARRIER, W/FLANGE (SOLID, FLEXIBLE, OR ACCORDION), EXTENDED WEAR, W/BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER	EACH			\$9.43	
A4408		OSTOMY SKIN BARRIER, W/FLANGE (SOLID, FLEXIBLE OR ACCORDION),EXTENDED WEAR, W/BUILT-IN CONVEXITY, LARGER THAN 4 X 4 INCHES	EACH			\$10.62	
A4409		OSTOMY SKIN BARRIER, W/FLANGE (SOLID, FLEXIBLE OR ACCORDION),EXTENDED WEAR, W/O BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER	EACH			\$6.69	
A4410		OSTOMY SKIN BARRIER, W/FLANGE (SOLID, FLEXIBLE, OR ACCORDION), EXTENDED WEAR, W/O BUILT-IN CONVEXITY, LARGER THAN 4X4 INCHES	EACH			\$9.73	
A4411		OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, W/BUILT-IN CONVEXITY	EACH			\$5.49	
A4412		OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER W/FLANGE (2 PIECE SYSTEM), W/O FILTER	EACH			\$2.90	
A4413		OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER W/FLANGE (2 PIECE SYSTEM), W/FILTER	EACH			\$5.92	
A4414		OSTOMY SKIN BARRIER, W/FLANGE (SOLID, FLEXIBLE OR ACCORDION), W/O BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER	EACH			\$5.30	

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A4415		OSTOMY SKIN BARRIER, W/FLANGE (SOLID, FLEXIBLE OR ACCORDION), W/O BUILT-IN CONVEXITY, LARGER THAN 4X4 INCHES		EACH		\$6.45	
A4416		OSTOMY POUCH, CLOSED, W/BARRIER ATTACHED, W/FILTER (1 PIECE)		EACH		\$2.96	
A4417		OSTOMY POUCH, CLOSED, W/BARRIER ATTACHED, W/BUILT-IN CONVEXITY, W/FILTER (1 PIECE)		EACH		\$4.00	
A4418		OSTOMY POUCH, CLOSED, W/O BARRIER ATTACHED, W/FILTER (1 PIECE)		EACH		\$1.94	
A4419		OSTOMY POUCH, CLOSED, FOR USE ON BARRIER W/NON-LOCKING FLANGE, W/FILTER (2 PIECE)		EACH		\$1.87	
A4420		OSTOMY POUCH, CLOSED, FOR USE ON BARRIER W/LOCKING FLANGE (2 PIECE)		EACH		RNE	
A4421		OSTOMY SUPPLY, MISCELLANEOUS	X	PA REQUIRED EXCEPT FOR IN A NF OR ICF/DD.MISCELLANEOUS CODES MAY NOT BE USED FOR AN ITEM THAT MEDICAID DOESN'T COVER, OR TO EXCEED THE MEDICAID ALLOWABLE FOR A TYPE OF ITEM W/A SPECIFIC CODE & ALLOWANCE.		RNE	
A4422		OSTOMY ABSORBENT MATERIAL (SHEET/PAD/CRYSTAL PACKET) FOR USE IN OSTOMY POUCH TO THICKEN LIQUID STOMAL OUTPUT		EACH		\$0.12	

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A4423		OSTOMY POUCH, CLOSED, FOR USE ON BARRIER W/LOCKING FLANGE, W/FILTER (2 PIECE)		EACH		\$2.00	
A4424		OSTOMY POUCH, DRAINABLE, W/BARRIER ATTACHED, W/FILTER (1 PIECE)		EACH		\$5.11	
A4425		OSTOMY POUCH, DRAINABLE, FOR USE ON BARRIER W/NON-LOCKING FLANGE, W/FILTER (2 PIECE SYSTEM)		EACH		\$3.85	
A4426		OSTOMY POUCH, DRAINABLE, FOR USE ON BARRIER W/LOCKING FLANGE (2 PIECE SYSTEM)		EACH		\$2.93	
A4427		OSTOMY POUCH, DRAINABLE, FOR USE ON BARRIER W/LOCKING FLANGE, W/FILTER (2 PIECE SYSTEM)		EACH		\$2.99	
A4428		OSTOMY POUCH, URINARY, W/EXTENDED WEAR BARRIER ATTACHED, W/FAUCET-TYPE TAP W/VALVE (1 PIECE)		EACH		\$7.00	
A4429		OSTOMY POUCH, URINARY, W/BARRIER ATTACHED, W/BUILT-IN CONVEXITY, W/FAUCET-TYPE TAP W/VALVE (1 PIECE)		EACH		\$8.88	
A4430		OSTOMY POUCH, URINARY, W/EXTENDED WEAR BARRIER ATTACHED, W/BUILT-IN CONVEXITY, W/FAUCET-TYPE TAP W/VALVE (ONE-PIECE)		EACH		\$9.17	
A4431		OSTOMY POUCH, URINARY, W/BARRIER ATTACHED, W/FAUCET-TYPE TAP W/VALVE (1 PIECE)		EACH		\$6.69	

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A4432		OSTOMY POUCH, URINARY, FOR USE ON BARRIER W/NON-LOCKING FLANGE, W/FAUCET-TYPE TAP W/VALVE (2 PIECE)	EACH			\$3.86	
A4433		OSTOMY POUCH, URINARY, FOR USE ON BARRIER W/LOCKING FLANGE (2 PIECE)	EACH			\$3.59	
A4434		OSTOMY POUCH, URINARY, FOR USE ON BARRIER W/LOCKING FLANGE, W/FAUCET-TYPE TAP W/VALVE (2 PIECE)	EACH			\$4.04	
A4435		OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, W/EXTENDED WEAR BARRIER (1 PIECE SYSTEM), W/OR W/O FILTER	EACH		RNE		
		MISCELLANEOUS SUPPLIES, MEDICAL & SURGICAL SUPPLIES					
A4450		TAPE, NON-WATERPROOF	PER 18 SQUARE INCHES			\$0.15	
A4452		TAPE, WATERPROOF	PER 18 SQUARE INCHES			\$0.43	
A4455		ADHESIVE REMOVER OR SOLVENT (FOR TAPE, CEMENT OR OTHER ADHESIVE)	PER OUNCE			\$1.53	
A4456		ADHESIVE REMOVER, WIPES, ANY TYPE	EACH			\$0.27	
A4458		ENEMA BAG W/TUBING, REUSABLE			RNE		
A4461		SURGICAL DRESSING HOLDER, NON-REUSABLE	EACH			\$3.54	
A4463		SURGICAL DRESSING HOLDER, REUSABLE	EACH			\$14.32	
A4465		NON-ELASTIC BINDER FOR EXTREMITY			RNE		

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A4466		GARMENT, BELT, SLEEVE OR OTHER COVERING, ELASTIC OR SIMILAR STRETCHABLE MATERIAL, ANY TYPE		EACH MAX 1 PER DIAGNOSIS (I.E. WRIST, ELBOW, KNEE, ETC.)		RNE	
A4481		TRACHEOSTOMA FILTER, ANY TYPE, ANY SIZE		EACH		\$0.40	
A4483		MOISTURE EXCHANGER, DISPOSABLE, FOR USE W/INVASIVE MECHANICAL VENTILATION		CLIENT-OWNED EQUIP. ONLY (INCLUDED IN RR)		RNE	
A4490		SURGICAL STOCKINGS, ABOVE KNEE LENGTH		EACH		\$17.31	
A4495		SURGICAL STOCKINGS, THIGH LENGTH		EACH		\$23.61	
A4500		SURGICAL STOCKINGS, BELOW KNEE LENGTH		EACH		\$14.16	
A4510		SURGICAL STOCKINGS, WAIST LENGTH		EACH		\$55.09	
A4550		SURGICAL TRAYS		PAYABLE TO PODIATRISTS ONLY, NOT A SUPPLIER SERVICE		\$20.46	
A4556		ELECTRODES, (E.G. APNEA MONITOR)		PER PAIR		\$11.11	
A4557		LEAD WIRES, (E.G., APNEA MONITOR)		PER PAIR		\$19.31	
A4558		CONDUCTIVE GEL OR PASTE, FOR USE W/ELECTRICAL DEVICE (E.G., TENS, NMES)		PER OUNCE		\$5.86	
A4561		PESSARY, RUBBER, ANY TYPE				\$21.91	
A4562		PESSARY, NON RUBBER, ANY TYPE				\$54.51	
A4565		SLINGS				RNE	
A4595		ELECTRICAL STIMULATOR SUPPLIES, 2 LEAD, PER MONTH, (E.G. TENS, NMES)				\$30.52	

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A4600		SLEEVE FOR INTERMITTENT LIMB COMPRESSION DEVICE		EACH, REPLACEMENT ONLY		RNE	
A4601		LITHIUM ION BATTERY FOR NON-PROSTHETIC USE		REPLACEMENT		RNE	
A4604		TUBING W/INTEGRATED HEATING ELEMENT FOR USE W/POSITIVE AIRWAY PRESSURE DEVICE				\$75.44	
A4605		TRACHEAL SUCTION CATHETER, CLOSED SYSTEM		EACH		\$18.88	
A4606	RB	OXYGEN PROBE FOR USE W/OXIMETER DEVICE		REPLACEMENT, CLIENT-OWNED EQUIP. ONLY		RNE	
A4608	RB	TRANSTRACHEAL OXYGEN CATHETER		EACH, CLIENT-OWNED EQUIP. ONLY		\$62.60	
		SUPPLIES FOR OXYGEN & RELATED RESPIRATORY EQUIPMENT, MEDICAL & SURGICAL SUPPLIES					
A4611	RB	BATTERY, HEAVY DUTY, REPLACEMENT FOR PATIENT-OWNED VENTILATOR		CLIENT-OWNED EQUIP. ONLY		\$191.26	
A4612	RB	BATTERY CABLES, REPLACEMENT FOR PATIENT OWNED VENTILATOR		CLIENT-OWNED EQUIP. ONLY		\$89.82	
A4613	RB	BATTERY CHARGER, REPLACEMENT FOR PATIENT-OWNED VENTILATOR		CLIENT-OWNED EQUIP. ONLY		RNE	
A4614	KR	PEAK EXPIRATORY FLOW RATE METER, HAND HELD				\$0.08	
A4614	NU	PEAK EXPIRATORY FLOW RATE METER, HAND HELD				\$25.60	

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A4614	RR	PEAK EXPIRATORY FLOW RATE METER, HAND HELD				\$2.56	
A4615	RB	CANNULA, NASAL		CLIENT-OWNED EQUIP. ONLY		\$0.79	
A4616	RB	TUBING, OXYGEN		PER FOOTCLIENT-OWNED EQUIP. ONLY		\$0.08	
A4618	RB	BREATHING CIRCUITS		CLIENT-OWNED EQUIP. ONLY		\$10.67	
A4619	RB	FACE TENT		CLIENT-OWNED EQUIP. ONLY		\$13.40	
A4620	RB	VARIABLE CONCENTRATION MASK		CLIENT-OWNED EQUIP. ONLY		\$0.74	
A4624	NU	TRACHEAL SUCTION CATHETER, ANY TYPE OTHER THAN CLOSED SYSTEM		EACH		\$2.83	
A4624	22	TRACHEAL SUCTION CATHETER, ANY TYPE OTHER THAN CLOSED SYSTEM	X	EACHPA REQUIRED EXCEPT FOR IN A NF OR ICF/DD	RNE		
A4625		TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY		COVERED FOR TWO WEEK POST OP PERIOD ONLY		\$7.32	
A4626		TRACHEOSTOMY CLEANING BRUSH				\$2.91	
A4627		SPACER, BAG OR RESERVOIR, W/OR W/O MASK, FOR USE W/METERED DOSE INHALER (EXAMPLE: AEROCHAMBER)				\$44.07	
A4628		OROPHARYNGEAL SUCTION CATHETER		EACH		\$3.92	
A4629		TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY				\$4.96	

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		REPLACEMENT SUPPLIES FOR DME, MEDICAL & SURGICAL SUPPLIES					
A4635	RB	UNDERARM PAD, CRUTCH		EACH, REPLACEMENT, CLIENT-OWNED EQUIP. ONLY		\$5.00	
A4636	RB	REPLACEMENT HANDGRIP, CANE, CRUTCH OR WALKER		EACH CLIENT-OWNED EQUIP. ONLY		\$3.42	
A4637	RB	REPLACEMENT TIP, CAN, CRUTCH OR WALKER		EACH CLIENT-OWNED EQUIP. ONLY		\$4.98	
A4639	RB	REPLACEMENT PAD FOR INFRARED HEATING PAD SYSTEM		EACH CLIENT-OWNED EQUIP. ONLY		\$342.03	
A4640	RB	REPLACEMENT PAD FOR USE W/MED. NEC. ALTERNATING PRESSURE PAD		CLIENT-OWNED EQUIP. ONLY		\$81.84	
		MISCELLANEOUS SUPPLIES, MEDICAL & SURGICAL SUPPLIES					
A4649		SURGICAL SUPPLIES, MISCELLANEOUS	X	PA REQUIRED EXCEPT FOR IN A NF OR ICF/DD. MISCELLANEOUS CODES MAY NOT BE USED FOR AN ITEM THAT MEDICAID DOESN'T COVER, OR TO EXCEED THE MEDICAID ALLOWABLE FOR A TYPE OF ITEM W/A SPECIFIC CODE & ALLOWANCE.	RNE		
		DIALYSIS SUPPLIES, MEDICAL & SURGICAL SUPPLIES					
A4657		SYRINGE, W/OR W/O NEEDLE		EACH		\$0.42	

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A4660	NU	SPHYGMOMANOMETER/BLOOD PRESSURE APPARATUS W/CUFF & STETHOSCOPE				\$47.22	
A4663	RB	BLOOD PRESSURE CUFF ONLY		CLIENT-OWNED EQUIP. ONLY IF BILLING IS \$100 OR MORE, INVOICE REQUIRED		RNE	
A4670	KR	AUTOMATIC BLOOD PRESSURE MONITOR				\$0.25	
A4670	NU	AUTOMATIC BLOOD PRESSURE MONITOR			X	\$78.70	
A4670	RR	AUTOMATIC BLOOD PRESSURE MONITOR				\$7.87	
A4670	22	AUTOMATIC BLOOD PRESSURE MONITOR - TALKING		ONLY PAID TO DIALYSIS FACILITIES REQUIRED INVOICE & DR. ORDER		RNE	
A4911		DRAIN BAG/BOTTLE, FOR DIALYSIS		EACH		RNE	
A4927		GLOVES, NON-STERILE		PER 100, MAX UNITS: 3/MONTH		\$10.55	
A4928		SURGICAL MASK		PER 20, INVOICE REQUIRED		RNE	
A4930		GLOVES, STERILE		PER PAIR		\$1.57	
A4931		ORAL THERMOMETER, REUSABLE, ANY TYPE		EACH		\$5.50	
A4932		RECTAL THERMOMETER, REUSABLE, ANY TYPE		EACH		\$5.50	
		OSTOMY POUCHES & SUPPLIES, MEDICAL & SURGICAL SUPPLIES					
A5051		OSTOMY POUCH, CLOSED, W/BARRIER ATTACHED (1 PIECE)		EACH		\$2.22	
A5052		OSTOMY POUCH, CLOSED, W/O BARRIER ATTACHED (1 PIECE)		EACH		\$1.60	

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A5053		OSTOMY POUCH, CLOSED, FOR USE ON FACEPLATE		EACH		\$1.87	
A5054		OSTOMY POUCH, CLOSED, FOR USE ON BARRIER W/FLANGE (2 PIECE)		EACH		\$1.92	
A5055		STOMA CAP				\$1.52	
A5057		OSTOMY POUCH, DRAINABLE, W/EXTENDED WEAR BARRIER ATTACHED, W/BUILT-IN CONVEXITY, W/FILTER, (1 PIECE)		EACH		RNE	
A5061		OSTOMY POUCH, DRAINABLE, W/BARRIER ATTACHED, (1 PIECE)		EACH		\$3.78	
A5062		OSTOMY POUCH, DRAINABLE, W/O BARRIER ATTACHED (1 PIECE)		EACH		\$2.25	
A5063		OSTOMY POUCH, DRAINABLE, FOR USE ON BARRIER W/FLANGE (2 PIECE SYSTEM)		EACH		\$2.90	
A5071		OSTOMY POUCH, URINARY, W/BARRIER ATTACHED (1 PIECE)		EACH		\$6.47	
A5072		OSTOMY POUCH, URINARY, W/O BARRIER ATTACHED (1 PIECE)		EACH		\$3.71	
A5073		OSTOMY POUCH, URINARY, FOR USE ON BARRIER W/FLANGE (2 PIECE)		EACH		\$3.42	
A5081		CONTINENT DEVICE, STOMA PLUG OR SEAL, ANY TYPE				\$3.55	
A5082		CONTINENT DEVICE, CATHETER FOR CONTINENT STOMA				\$12.80	
A5083		CONTINENT DEVICE, STOMA ABSORPTIVE COVER FOR CONTINENT STOMA				\$0.72	

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A5093		OSTOMY ACCESSORY, CONVEX INSERT				\$2.09	
		INCONTINENCE SUPPLIES, MEDICAL & SURGICAL SUPPLIES					
A5102		BEDSIDE DRAINAGE BOTTLE, W/OR W/O TUBING, RIGID OR EXPANDABLE		EACH		\$24.13	
A5105		URINARY SUSPENSORY W/LEG BAG, W/OR W/OUT TUBE		EACH		\$37.30	
A5112		URINARY DRAINAGE BAG, LEG OR ABDOMEN, LATEX, W/OR W/OUT TUBE, W/STRAPS		EACH		\$34.14	
A5113		LEG STRAP, LATEX		PER SET, REPLACEMENT ONLY		\$5.06	
A5114		LEG STRAP, FOAM OR FABRIC		PER SET, REPLACEMENT ONLY		\$9.62	
A5120		SKIN BARRIER, WIPES OR SWABS		EACH		\$0.28	
A5121		SKIN BARRIER, SOLID, 6 X 6 OR EQUIVALENT		EACH		\$8.03	
A5122		SKIN BARRIER, SOLID, 8 X 8 OR EQUIVALENT		EACH		\$13.83	
A5126		ADHESIVE OR NON-ADHESIVE, DISK OR FOAM PAD				\$1.42	
A5131		APPLIANCE CLEANER, INCONTINENCE & OSTOMY APPLIANCES		PER 16 OZ.		\$14.51	
A5200		PERCUTANEOUS CATHETER/TUBE ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT				\$12.15	

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		DIABETIC SHOES, FITTING & MODIFICATIONS, MEDICAL & SURGICAL SUPPLIES					
A5500		FITTING (INCLUDES FOLLOW UP) CUSTOM PREP & SUPPLY OF OFF-THE-SHELF DEPTH-INLAY SHOE MANUFACTURED TO ACCOMMODATE MULTI-DENSITY INSERT(S)		PER SHOE, FOR DIABETICS ONLY	X	\$68.45	
A5501		FITTING (INCLUDES FOLLOW-UP), CUSTOM PREP & SUPPLY OF SHOE MOLDED FROM CASTS(S) OF PATIENT'S FOOT (CUSTOM MOLDED SHOE)		PER SHOE, FOR DIABETICS ONLY	X	\$205.31	
A5503		MODIFICATION (INCLUDES FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM MOLDED SHOE W/ROLLER OR RIGID ROCKER BOTTOM		PER SHOE, FOR DIABETICS ONLY		\$30.44	
A5504		MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE W/WEDGE(S)		PER SHOE, FOR DIABETICS ONLY		\$30.44	
A5505		MODIFICATION (INCLUDES FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM MOLDED SHOE W/METATARSAL BAR		PER SHOE, FOR DIABETICS ONLY		\$30.44	
A5506		MODIFICATION (INCLUDES FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM MOLDED SHOE W/OFF-SET HEEL(S)		PER SHOE, FOR DIABETICS ONLY		\$30.44	
A5507		NOS MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE		PER SHOE, FOR DIABETICS ONLY		\$30.44	
A5508		DELUXE FEATURE OF OFF-THE-SHELF DEPTH-INLAY OR CUSTOM-MOLDED SHOE		PER SHOE, FOR DIABETICS ONLY		RNE	

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A5510		DIRECT FORMED, COMPRESSION MOLDED TO PATIENT'S FOOT W/O EXTERNAL HEAT SOURCE, MULTIPLE-DENSITY INSERT(S) PREFABRICATED		FOR DIABETICS ONLY		RNE	
A5512		MULTIPLE DENSITY INSERT, DIRECT FORMED, MOLDED TO FOOT AFTER EXTERNAL HEAT SOURCE OF 230 DEGREES FAHRENHEIT OR HIGHER		FOR DIABETICS ONLY		\$27.92	
A5513		MULTIPLE DENSITY INSERT, CUSTOM MOLDED FROM MODEL OF PATIENT'S FOOT, TOTAL CONTACT W/PATIENT'S FOOT, INCLUDING ARCH		FOR DIABETICS ONLY		\$41.67	
		DRESSINGS, MEDICAL & SURGICAL SUPPLIES					
A6010		COLLAGEN BASED WOUND FILLER, DRY FORM, STERILE		PER GRAM OF COLLAGEN		\$33.33	
A6011		COLLAGEN BASED WOUND FILLER, GEL/PASTE, STERILE		PER GRAM OF COLLAGEN		\$2.45	
A6021		COLLAGEN DRESSING, STERILE, PAD SIZE 16 SQ. IN. OR LESS		EACH		\$22.63	
A6022		COLLAGEN DRESSING, STERILE, SIZE, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN.		EACH		\$22.63	
A6023		COLLAGEN DRESSING, STERILE, SIZE, MORE THAN 48 SQ. IN.		EACH		\$204.87	
A6024		COLLAGEN DRESSING WOUND FILLER, STERILE		PER 6 IN.		\$6.66	

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A6025		GEL SHEET FOR DERMAL OR EPIDERMAL APPLICATION, (E.G., SILICONE, HYDROGEL, OTHER)		EACH		RNE	
A6154		WOUND POUCH		EACH		\$15.46	
A6196		ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS		EACH DRESSING		\$7.91	
A6197		ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN.		EACH DRESSING		\$17.69	
A6198		ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN.		EACH DRESSING		RNE	
A6199		ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND FILLER, STERILE		PER 6 IN.		\$5.69	
A6203		COMPOSITE DRESSING, STERILE, PAD SIZE 16 SQ. IN. OR LESS, W/ANY SIZE ADHESIVE BORDER		EACH DRESSING		\$3.60	
A6204		COMPOSITE DRESSING, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., W/ANY SIZE ADHESIVE BORDER		EACH DRESSING		\$6.70	
A6205		COMPOSITE DRESSING, STERILE, PAD SIZE MORE THAN 48 SQ. IN., W/ANY SIZE ADHESIVE BORDER		EACH DRESSING		RNE	
A6206		CONTACT LAYER, STERILE, 16 SQ. IN. OR LESS		EACH DRESSING		RNE	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
A6207		CONTACT LAYER, STERILE, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN.		EACH DRESSING		\$7.90	
A6208		CONTACT LAYER, STERILE, MORE THAN 48 SQ. IN.		EACH DRESSING		RNE	
A6209		FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, W/O ADHESIVE BORDER		EACH DRESSING		\$8.05	
A6210		FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., W/O ADHESIVE BORDER		EACH DRESSING		\$21.44	
A6211		FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., W/O ADHESIVE BORDER		EACH DRESSING		\$31.61	
A6212		FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, W/ANY SIZE ADHESIVE BORDER		EACH DRESSING		\$10.44	
A6213		FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., W/ANY SIZE ADHESIVE BORDER		EACH DRESSING		RNE	
A6214		FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., W/ANY SIZE ADHESIVE BORDER		EACH DRESSING		\$11.07	
A6215		FOAM DRESSING, WOUND FILLER, STERILE		PER GRAM		RNE	
A6216		GUAZE, NON-IMPREGNATED, NON-STERILE, 16 SQ IN W/O ADHESIVE BORDER		EACH DRESSING		\$0.05	

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A6217		GAUZE, NON-IMPREGNATED, NON-STERILE, 16 SQ IN TO 48 SQ. IN., W/O ADHESIVE BORDER		EACH DRESSING		\$0.55	
A6218		GAUZE, NON-IMPREGNATED, NON-STERILE, MORE THAN 48 SQ IN, W/O ADHESIVE BORDER		EACH DRESSING		RNE	
A6219		GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, W/ANY SIZE ADHESIVE BORDER		EACH DRESSING		\$1.02	
A6220		GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., W/ANY SIZE ADHESIVE BORDER		EACH DRESSING		\$2.77	
A6221		GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 48 SQ. IN., W/ANY SIZE ADHESIVE BORDER		EACH DRESSING		RNE	
A6222		GAUZE, IMPREGNATED W/OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, PAD SIZE 16 SQ. IN. OR LESS, W/O ADHESIVE BORDER		EACH DRESSING		\$2.29	
A6223		GAUZE, IMPREGNATED W/OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, PAD SIZE MORE THAN 16 SQ. IN., BUT LESS THAN OR EQUAL TO 48 SQ.		EACH DRESSING		\$2.60	
A6224		GAUZE, IMPREGNATED W/OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, PAD SIZE MORE THAN 48 SQ. IN., W/O ADHESIVE BORDER		EACH DRESSING		\$3.88	

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A6228		GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE 16 SQ. IN. OR LESS, W/O ADHESIVE BORDER		EACH DRESSING		RNE	
A6229		GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE MORE THAN 16 SQ.IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., W/O ADHESIVE BORDER		EACH DRESSING		\$3.88	
A6230		GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE MORE THAN 48 SQ. IN., W/O ADHESIVE BORDER		EACH DRESSING		RNE	
A6231		GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE 16 SQ. IN. OR LESS		EACH DRESSING		\$5.03	
A6232		GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE GREATER THAN 16 SQ. IN., BUT LESS THAN OR EQUAL TO 48 SQ. IN.		EACH DRESSING		\$7.40	
A6233		GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE MORE THAN 48 SQ. IN.		EACH DRESSING		\$20.66	
A6234		HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, W/O ADHESIVE BORDER		EACH DRESSING		\$7.04	
A6235		HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ.IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., W/O ADHESIVE BORDER		EACH DRESSING		\$18.10	
A6236		HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ.IN., W/O ADHESIVE BORDER		EACH DRESSING		\$29.33	

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A6237		HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, W/ANY SIZE ADHESIVE BORDER		EACH DRESSING		\$8.51	
A6238		HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ.IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., W/ANY SIZE ADHESIVE BORDER		EACH DRESSING		\$24.53	
A6239		HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ.IN., W/ANY SIZE ADHESIVE BORDER		EACH DRESSING		RNE	
A6240		HYDROCOLLOID DRESSING, WOUND FILLER, PASTE, STERILE		PER OUNCE		\$13.17	
A6241		HYDROCOLLOID DRESSING, WOUND FILLER, DRY FORM, STERILE		PER GRAM		\$2.76	
A6242		HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, W/O ADHESIVE BORDER		EACH DRESSING		\$6.53	
A6243		HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., W/O ADHESIVE BORDER		EACH DRESSING		\$13.25	
A6244		HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., W/O ADHESIVE BORDER		EACH DRESSING		\$42.28	
A6245		HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, W/ANY SIZE ADHESIVE BORDER		EACH DRESSING		\$7.82	

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A6246		HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., W/ANY SIZE ADHESIVE BORDER		EACH DRESSING		\$10.67	
A6247		HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., W/ANY SIZE ADHESIVE BORDER		EACH DRESSING		\$25.60	
A6248		HYDROGEL DRESSING, WOUND FILLER, GEL, STERILE		PER FLUID OUNCE		\$17.48	
A6250		SKIN SEALANTS, PROTECTANTS, MOISTURIZERS, OINTMENTS, ANY TYPE OR SIZE				\$2.25	
A6251		SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, W/O ADHESIVE BORDER		EACH DRESSING		\$2.14	
A6252		SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., W/O ADHESIVE BORDER				\$3.49	
A6253		SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., W/O ADHESIVE BORDER		EACH DRESSING		\$6.82	
A6254		SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, W/ANY SIZE ADHESIVE BORDER		EACH DRESSING		\$1.30	
A6255		SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., W/ANY SIZE ADHESIVE				\$3.26	

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A6256		SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., W/ANY SIZE ADHESIVE BORDER		EACH DRESSING		RNE	
A6257		TRANSPARENT FILM, STERILE, 16 SQ. IN. OR LESS		EACH DRESSING		\$1.64	
A6258		TRANSPARENT FILM, STERILE, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN.		EACH DRESSING		\$4.62	
A6259		TRANSPARENT FILM, STERILE, MORE THAN 48 SQ. IN.		EACH DRESSING		\$11.77	
A6261		WOUND FILLER, GEL/PASTE, STERILE, PER FLUID OUNCE, NOT OTHERWISE SPECIFIED				RNE	
A6262		WOUND FILLER, DRY FORM, STERILE, PER GRAM, NOT OTHERWISE SPECIFIED				RNE	
A6266		GAUZE, IMPREGNATED, OTHER THAN WATER, NORMAL SALINE, OR ZINC PASTE, STERILE, ANY WIDTH		PER LINEAR YARD		\$2.06	
A6402		GUAZE, NON-IMPREGNATED, STERILE, 16 SQ IN OR LESS, W/O ADH. BORDER		EACH DRESSING		\$0.12	
A6403		GUAZE, NON-IMPREGNATED, STERILE, 16 SQ. IN. TO 48 SQ. IN., W/O ADHESIVE BORDER		EACH DRESSING		\$0.46	
A6404		GUAZE, NON-IMPREGNATED, STERILE, MORE THAN 48 SQ. IN., W/O ADHESIVE BORDER		EACH DRESSING		RNE	
A6407		PACKING STRIPS, NON-IMPREGNATED, STERILE		UP TO 2 INCHES IN WIDTH, PER LINEAR YARD		\$2.02	
A6410		EYE PAD, STERILE		EACH		\$0.41	

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A6411		EYE PAD, NON-STERILE		EACH		\$0.36	
A6412		EYE PATCH, OCCLUSIVE		EACH		\$0.36	
A6413		ADHESIVE BANDAGE, FIRST-AID TYPE, ANY SIZE		EACH		RNE	
A6441		PADDING BANDAGE, NON-ELASTIC, NON-WOVEN/NON-KNITTED		WIDTH GREATER THAN OR EQUAL TO THREE IN. & LESS THAN FIVE IN., PER YARD		\$0.72	
A6442		CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE		WIDTH LESS THAN THREE IN., PER YARD		\$0.18	
A6443		CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE		WIDTH GREATER THAN OR EQUAL TO THREE IN. & LESS THAN FIVE IN. , PER YARD		\$0.31	
A6444		CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE		WIDTH GREATER THAN OR EQUAL TO 5 IN. , PER YARD		\$0.60	
A6445		CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE		WIDTH LESS THAN THREE IN., PER YARD		\$0.34	
A6446		CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE		WIDTH GREATER THAN OR EQUAL TO THREE IN. & LESS THAN FIVE IN., PER YARD		\$0.44	
A6447		CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE		WIDTH GREATER THAN OR EQUAL TO FIVE IN., PER YARD		\$0.72	
A6448		LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN		WIDTH LESS THAN THREE IN.PER YARD		\$1.24	

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A6449		LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN		WIDTH GREATER THAN OR EQUAL TO THREE IN. & LESS THAN FIVE IN., PER YARD		\$1.88	
A6450		LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN		WIDTH GREATER THAN OR EQUAL TO FIVE IN., PER YARD		RNE	
A6451		MODERATE COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN		LOAD RESISTANCE OF 1.25 TO 1.34 FOOT POUNDS AT 50% MAXIMUM STRETCH, WIDTH GREATER THAN OR		RNE	
A6452		HIGH COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN		LOAD RESISTANCE GREATER THAN OR EQUAL TO 1.35 FOOT POUNDS AT 50% MAXIMUM STRETCH, WIDTH		\$6.36	
A6453		SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN		WIDTH LESS THAN THREE IN. , PER YARD		\$0.65	
A6454		SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN		WIDTH GREATER THAN OR EQUAL TO THREE IN. & LESS THAN FIVE IN.		\$0.82	
A6455		SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN		WIDTH GREATER THAN OR EQUAL TO FIVE IN., PER YARD		\$1.49	
A6456		ZINC PASTE IMPREGNATED BANDAGE, NON-ELASTIC, KNITTED/WOVEN		WIDTH GREATER THAN OR EQUAL TO THREE IN. & LESS THAN FIVE IN., PER YARD		\$1.37	
A6457		TUBULAR DRESSING W/OR W/O ELASTIC, ANY WIDTH		PER LINEAR YARD		\$1.22	
		COMPRESSION GARMENTS, MEDICAL & SURGICAL SUPPLIES					
A6501		COMPRESSION BURN GARMENT, BODYSUIT (HEAD TO FOOT), CUSTOM FABRICATED				RNE	

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A6502		COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM FABRICATED				RNE	
A6503		COMPRESSION BURN GARMENT, FACIAL HOOD, CUSTOM FABRICATED				RNE	
A6504		COMPRESSION BURN GARMENT, GLOVE TO WRIST, CUSTOM FABRICATED				RNE	
A6505		COMPRESSION BURN GARMENT, GLOVE TO ELBOW, CUSTOM FABRICATED				RNE	
A6506		COMPRESSION BURN GARMENT, GLOVE TO AXILLA, CUSTOM FABRICATED				RNE	
A6507		COMPRESSION BURN GARMENT, FOOT TO KNEE LENGTH, CUSTOM FABRICATED				RNE	
A6508		COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED				RNE	
A6509		COMPRESSION BURN GARMENT, UPPER TRUNK TO WAIST INCLUDING ARM OPENINGS (VEST), CUSTOM FABRICATED				RNE	
A6510		COMPRESSION BURN GARMENT, TRUNK, INCLUDING ARMS DOWN TO LEG OPENINGS (LEOTARD), CUSTOM FABRICATED				RNE	
A6511		COMPRESSION BURN GARMENT, LOWER TRUNK INCLUDING LEG OPENINGS (PANTY), CUSTOM FABRICATED				RNE	
A6512		COMPRESSION BURN GARMENT, NOT OTHERWISE CLASSIFIED				RNE	

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A6513		COMPRESSION BURN MASK, FACE &/OR NECK, PLASTIC OR EQUAL, CUSTOM FABRICATED				RNE	
A6530		GRADIENT COMPRESSION STOCKING, BELOW KNEE		18-30 MMHG, EACH		\$33.05	
A6531		GRADIENT COMPRESSION STOCKING, BELOW KNEE		30-40 MMHG, EACH		\$53.51	
A6532		GRADIENT COMPRESSION STOCKING, BELOW KNEE		40-50 MMHG, EACH	X	\$68.83	
A6533		GRADIENT COMPRESSION STOCKING, THIGH LENGTH		18-30 MMHG, EACH		\$47.22	
A6534		GRADIENT COMPRESSION STOCKING, THIGH LENGTH		30-40 MMHG, EACH	X	\$72.40	
A6535		GRADIENT COMPRESSION STOCKING, THIGH LENGTH		40-50 MMHG, EACH	X	\$78.70	
A6536		GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE		18-30 MMHG, EACH		\$47.22	
A6537		GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE		30-40 MMHG, EACH	X	\$72.40	
A6538		GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE		40-50 MMHG, EACH	X	\$91.29	
A6539		GRADIENT COMPRESSION STOCKING, WAIST LENGTH		18-30 MMHG, EACH	X	\$58.23	
A6540		GRADIENT COMPRESSION STOCKING, WAIST LENGTH		30-40 MMHG, EACH 1 UNIT = 1 PAIR; COPAY IF EXCEEDS \$50	X	RNE	
A6541		GRADIENT COMPRESSION STOCKING, WAIST LENGTH		40-50 MMHG, EACH	X	\$204.62	

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A6544		GRADIENT COMPRESSION STOCKING, GARTER BELT			X	\$55.09	
A6545		GRADIENT COMPRESSION WRAP, NON-ELASTIC, BELOW KNEE		30-50 MM HG, EACH	X	RNE	
A6549		GRADIENT COMPRESSION STOCKING/SLEEVE, NOT OTHERWISE SPECIFIED		MUST USE SPECIFIC, COMPRESSION STOCKING OR SLEEVE CODE. COMPRESSION SYSTEMS NOT COVERED. REQUIRES PRIOR AUTH IF BILLED OVER \$300 EXCEPT FOR IN A NF OR ICF/DD.	X	RNE	
		RESPIRATORY SUPPLIES, MEDICAL & SURGICAL SUPPLIES					
A7000		CANISTER, DISPOSABLE, USED W/SUCTION PUMP		EACH		\$10.27	
A7001	NU	CANISTER, NON-DISPOSABLE, USED W/SUCTION PUMP		EACH		\$35.61	
A7002		TUBING, USED W/SUCTION PUMP		EACH		\$4.12	
A7003		ADMIN SET, W/SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE				\$2.94	
A7004		SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE				\$1.93	
A7005		ADMIN SET, W/SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NON-DISPOSABLE				\$33.19	

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A7006		ADMIN SET, W/SMALL VOLUME FILTERED PNEUMATIC NEBULIZER				\$10.27	
A7007		LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED W/AEROSOL COMPRESSOR				\$4.96	
A7008		LARGE VOLUME NEBULIZER, DISPOSABLE, PREFILLED, USED W/AEROSOL COMPRESSOR				\$11.84	
A7009	NU	RESERVOIR BOTTLE, NON-DISPOSABLE, USED W/LARGE VOLUME ULTRASONIC NEBULIZER				\$45.26	
A7010		CORRUGATED TUBING, DISPOSABLE, USED W/LARGE VOLUME NEBULIZER	100 FT.			\$25.39	
A7011		CORRUGATED TUBING, NON-DISPOSABLE, USED W/LARGE VOLUME NEBULIZER	10 FT.		RNE		
A7012		WATER COLLECTION DEVICE, USED W/LARGE VOLUME NEBULIZER				\$4.06	
A7013		FILTER, DISPOSABLE, USED W/AEROSOL COMPRESSOR				\$0.89	
A7014		FILTER, NONDISPOSABLE, USED W/AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR				\$4.83	
A7015	RB	AEROSOL MASK, USED W/DME NEBULIZER				\$2.02	
A7016		DOMES & MOUTHPIECE, USED W/SMALL VOLUME ULTRASONIC NEBULIZER				\$7.80	
A7017	NU	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED W/OXYGEN				\$144.30	

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A7018		WATER, DISTILLED, USED W/LARGE VOLUME NEBULIZER		1000 ML		\$0.40	
A7020		INTERFACE FOR COUGH STIMULATING DEVICE, INCLUDES ALL COMPONENTS		INVOICE COST, REPLACEMENT ONLY		RNE	
A7027		COMBINATION ORAL/NASAL MASK, USED W/CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE		EACH, 1 PER 3 MONTHS. COPAY IF EXCEEDS \$50	X	\$205.44	
A7028		ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK		EACH, REPLACEMENT ONLY		RNE	
A7029		NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK		PAIR, REPLACEMENT ONLY		RNE	
A7030	NU	FULL FACE MASK USED W/POSITIVE AIRWAY PRESSURE DEVICE		EACH, 1 PER 3 MONTHS		\$203.09	
A7031	NU	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK		EACH, 1/MONTH		\$75.11	
A7032	RB	CUSHION FOR USE ON NASAL MASK INTERFACE		EACH, 2/MONTH, REPLACEMENT ONLY		\$38.67	
A7033		PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE		PAIR, REPLACEMENT ONLY		\$30.58	
A7034	NU	NASAL INTERFACE (MASK OR CANNULA TYPE) USED W/POSITIVE AIRWAY PRESSURE DEVICE, W/OT W/O HEAD STRAP				\$126.65	
A7034	RB	NASAL INTERFACE (MASK OR CANNULA TYPE) USED W/POSITIVE AIRWAY PRESSURE DEVICE, W/OR W/O HEAD STRAP				\$126.65	
A7035	NU	HEADGEAR USED W/POSITIVE AIRWAY PRESSURE DEVICE				\$42.79	

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A7035	RB	HEADGEAR USED W/POSITIVE AIRWAY PRESSURE DEVICE				\$42.79	
A7036	NU	CHINSTRAP USED W/POSITIVE AIRWAY PRESSURE DEVICE				\$19.59	
A7036	RB	CHINSTRAP USED W/POSITIVE AIRWAY PRESSURE DEVICE		REPLACEMENT		\$19.59	
A7037	NU	TUBING USED W/POSITIVE AIRWAY PRESSURE DEVICE				\$44.16	
A7037	RB	TUBING USED W/POSITIVE AIRWAY PRESSURE DEVICE				\$44.16	
A7038	NU	FILTER, DISPOSABLE, USED W/POSITIVE AIRWAY PRESSURE DEVICE				\$5.80	
A7038	RB	FILTER, DISPOSABLE, USED W/POSITIVE AIRWAY PRESSURE DEVICE				\$5.80	
A7039	NU	FILTER, NON DISPOSABLE, USED W/POSITIVE AIRWAY PRESSURE DEVICE				\$16.50	
A7039	RB	FILTER, NON DISPOSABLE, USED W/POSITIVE AIRWAY PRESSURE DEVICE				\$16.50	
A7040		ONE WAY CHEST DRAIN VALVE				\$43.34	
A7041		WATER SEAL DRAINAGE CONTAINER & TUBING FOR USE W/ IMPLANTED CHEST TUBE				\$81.44	
A7044		ORAL INTERFACE USED W/POSITIVE AIRWAY PRESSURE DEVICE		EACH		\$130.17	
A7045		EXHALATION PORT W/OR W/O SWIVEL USED W/ACCESSORIES FOR POSITIVE AIRWAY DEVICES		REPLACEMENT ONLY		\$22.41	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
A7046	RB	WATER CHAMBER FOR HUMIDIFIER, USED W/POSITIVE AIRWAY PRESSURE DEVICE		EACH, REPLACEMENT		\$21.00	
A7047		ORAL INTERFACE USED W/RESPIRATORY SUCTION PUMP		EACH		RNE	
		TRACHEOSTOMY SUPPLIES, MEDICAL & SURGICAL SUPPLIES					
A7501		TRACHEOSTOMA VALVE, INCLUDING DIAPHRAGM		EACH		\$113.07	
A7502		REPLACEMENT DIAPHRAGM/FACEPLATE FOR TRACHEOSTOMA VALVE		EACH		\$53.73	
A7503		FILTER HOLDER OR FILTER CAP, REUSABLE, FOR USE IN A TRACHEOSTOMA HEAT & MOISTURE EXCHANGE SYSTEM		EACH		\$12.19	
A7504		FILTER FOR USE IN A TRACHEOSTOMA HEAT & MOISTURE EXCHANGE SYSTEM		EACH		\$0.72	
A7505		HOUSING, REUSABLE W/O ADHESIVE, FOR USE IN A HEAT & MOISTURE EXCHANGE SYSTEM &/OR W/A TRACHEOSTOMA VALVE		EACH		\$5.03	
A7506		ADHESIVE DISC FOR USE IN A HEAT & MOISTURE EXCHANGE SYSTEM &/OR W/RACHEOSTOMA VALVE, ANY TYPE		EACH		\$0.35	
A7507		FILTER HOLDER & INTEGRATED FILTER W/O ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT & MOISTURE EXCHANGE SYSTEM		EACH		\$2.68	
A7508		HOUSING & INTEGRATED ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT & MOISTURE EXCHANGE SYSTEM &/OR W/A TRACHEOSTOMA VALVE		EACH		\$3.08	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
A7509		FILTER HOLDER & INTEGRATED FILTER HOUSING, & ADHESIVE, FOR USE AS A TRACHEOSTOMA HEAT & MOISTURE EXCHANGE SYSTEM	EACH			\$1.51	
A7520		TRACHEOSTOMY/LARYNGECTOMY TUBE, NON-CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL	EACH			\$51.11	
A7521		TRACHEOSTOMY/LARYNGECTOMY TUBE, CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL	EACH			\$50.65	
A7522		TRACHEOSTOMY/LARYNGECTOMY TUBE, STAINLESS STEEL OR EQUAL (STERILIZABLE & REUSABLE)	EACH			\$48.61	
A7523		TRACHEOSTOMY SHOWER PROTECTOR	EACH				
A7524		TRACHEOSTOMA STENT/STUD/BUTTON	EACH			\$83.32	
A7525		TRACHEOSTOMY MASK	EACH			\$2.22	
A7526		TRACHEOSTOMY TUBE COLLAR/HOLDER	EACH			\$3.62	
A7527		TRACHEOSTOMY/LARYNGECTOMY TUBE PLUG/STOP	EACH			\$3.85	
		PROTECTIVE HELMET, MEDICAL & SURGICAL SUPPLIES					
A8000		HELMET, PROTECTIVE, SOFT, PREFABRICATED, INCLUDES ALL COMPONENTS & ACCESSORIES			X	\$169.74	
A8001		HELMET, PROTECTIVE, HARD, PREFABRICATED, INCLUDES ALL COMPONENTS & ACCESSORIES			X	\$169.74	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
A8003		HELMET, PROTECTIVE, HARD, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS & ACCESSORIES		COVERED ONLY IF SEIZURE OR CONVULSION DISORDER		RNE	
		MISCELLANEOUS, MEDICAL & SURGICAL SUPPLIES					
A9900		MISCELLANEOUS DME SUPPLY, ACCESSORY, &/OR SERVICE COMPONENT OF ANOTHER HCPCS CODE	X	PA REQUIRED EXCEPT FOR IN A NF OR ICF/DD. MISCELLANEOUS CODES MAY NOT BE USED FOR AN ITEM THAT MEDICAID DOESN'T COVER, OR TO EXCEED THE MEDICAID ALLOWABLE FOR A TYPE OF ITEM W/A SPECIFIC CODE & ALLOWANCE.		RNE	
A9999		MISCELLANEOUS DME SUPPLY OR ACCESSORY, NOT OTHERWISE SPECIFIED	X	PA REQUIRED EXCEPT FOR IN A NF or ICF/DD. MISCELLANEOUS CODES MAY NOT BE USED FOR AN ITEM THAT MEDICAID DOESN'T COVER, OR TO EXCEED THE MEDICAID ALLOWABLE FOR A TYPE OF ITEM W/A SPECIFIC CODE & ALLOWANCE.		RNE	
		ENTERAL FORMULAE & ENTERAL MEDICAL SUPPLIES, MEDICAL & SURGICAL SUPPLIES					
B4034		ENTERAL FEEDING SUPPLY KIT: SYRINGE FED		PER DAY		\$7.05	
B4035		ENTERAL FEEDING SUPPLY KIT: PUMP FED		PER DAY		\$13.44	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
B4036		ENTERAL FEEDING SUPPLY KIT: GRAVITY FED		PER DAY		\$9.22	
B4081		NASOGASTRIC TUBING W/STYLET				\$24.93	
B4082		NASOGASTRIC TUBING W/STYLET				\$18.54	
B4083		STOMACH TUBE, LEVINE TYPE				\$2.84	
B4087		GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE		EACH, MAX 1 UNIT/3 MO		\$40.62	
B4088		GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE		EACH, MAX 1 UNIT/3 MO. RATE NOT TO EXCEED \$120	RNE		
B4149		ENTERAL FORMULA, MANUFACTURED BLENDERIZED NATURAL FOODS W/INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS & MINERALS		THICK-IT IS NOT COVERED. 100 CALORIES = 1 UNIT		\$1.80	
B4149	BO	ENTERAL FORMULA, MANUFACTURED BLENDERIZED NATURAL FOODS W/INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS & MNERALS		THICK-IT IS NOT COVERED. 100 CALORIES = 1 UNIT		\$1.80	
B4150		ENTERAL FORMULA, NUTRITIONALLY COMPLETE W/INTACT NUTRIENTS, INCLUDES		100 CALORIES = 1 UNIT		\$0.77	
B4150	BO	ENTERAL FORMULA, NUTRITIONALLY COMPLETE W/INTACT NUTRIENTS, INCLUDES		100 CALORIES = 1 UNIT		\$0.77	
B4152		ENTERAL FORMULA, NUTRITIONALLY COMPLETE, CALORICALLY DENSE (EQUAL TO OR GREATER THAN 1.5 KCAL/ML) W/INTACT NUTRIENTS, INCLUDES PROTEINS, FATS		100 CALORIES = 1 UNIT		\$0.64	

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B4152	BO	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, CALORICALLY DENSE (EQUAL TO OR GREATER THAN 1.5 KCAL/ML) W/INTACT NUTRIENTS, INCLUDES PROTEINS, FATS		100 CALORIES = 1 UNIT		\$0.64	
B4153		ENTERAL FORMULA, NUTRITIONALLY COMPLETE, HYDROLYZED PROTEINS (AMINO ACIDS & PEPTIDE CHAIN), INCLUDES FATS, CARBOHYDRATES, VITAMINS & MINERALS		100 CALORIES = 1 UNIT		\$2.19	
B4153	BO	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, HYDROLYZED PROTEINS (AMINO ACIDS & PEPTIDE CHAIN), INCLUDES FATS, CARBOHYDRATES, VITAMINS & MINERALS		100 CALORIES = 1 UNIT		\$2.19	
B4154		ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS, EXCLUDES INHERITED DISEASE OF METABOLISM, INCLUDES ALTERED COMPOSITION OF		100 CALORIES = 1 UNIT		\$1.39	
B4154	BO	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS, EXCLUDES INHERITED DISEASE OF METABOLISM, INCLUDES ALTERED COMPOSITION OF		100 CALORIES = 1 UNIT		\$1.39	
B4155		ENTERAL FORMULA, NUTRITIONALLY INCOMPLETE/MODULAR NUTRIENTS, INCLUDES SPECIFIC NUTRIENTS, CARBOHYDRATES (E.G. GLUCOSE POLYMERS), PROTEINS/AMINO		100 CALORIES = 1 UNIT		\$1.09	
B4155	BO	ENTERAL FORMULA, NUTRITIONALLY INCOMPLETE/MODULAR NUTRIENTS, INCLUDES SPECIFIC NUTRIENTS,		100 CALORIES = 1 UNIT		\$1.09	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
		CARBOHYDRATES (E.G. GLUCOSE POLYMERS), PROTEINS/AMINO					
B4157		ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM, INCLUDES PROTEINS, FATS, CARBOHYDRATES		100 CALORIES = 1 UNIT		RNE	
B4157	BO	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM		100 CALORIES = 1 UNIT		RNE	
B4158		ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE W/INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS & MINERALS		FOR CHILDREN 0-20 YEARS OLD ONLY. 100 CALORIES = 1 UNIT		\$0.76	
B4158	BO	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE W/INTACT NUTRIENTS		FOR CHILDREN 0-20 YEARS OLD ONLY. 100 CALORIES = 1 UNIT		\$0.76	
B4159		ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE SOY BASED W/INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS		100 CALORIES = 1 UNIT		\$0.76	
B4159	BO	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE SOY BASED W/INTACT NUTRIENTS MAY INCL FIBER &/OR IRON		100 CALORIES = 1 UNIT		\$0.76	
B4160		ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE CALORICALLY		100 CALORIES = 1 UNIT		\$0.76	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
		DENSE (EQUAL TO OR GREATER THAN 0.7 KCAL/ML) W/INTACT NUTRIENTS					
B4160	BO	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE CALORICALLY DENSE (EQUAL TO OR GREATER THAN 0.7 KCAL/ML)		100 CALORIES = 1 UNIT		\$0.76	
B4161		ENTERAL FORMULA, FOR PEDIATRICS, HYDROLYZED/AMINO ACIDS & PEPTIDE CHAIN PROTEINS, INCLUDES FATS, CARBOHYDRATES, VITAMINS & MINERALS		100 CALORIES = 1 UNIT		\$2.17	
B4161	BO	ENTERAL FORMULA, FOR PEDIATRICS, HYDROLYZED/AMINO ACIDS & PEPTIDE CHAIN PROTEINS		100 CALORIES = 1 UNIT		\$2.17	
B4162		ENTERAL FORMULA, FOR PEDIATRICS, SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS		100 CALORIES = 1 UNIT		RNE	
B4162	BO	ENTERAL FORMULA, FOR PEDIATRICS, SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM		100 CALORIES = 1 UNIT		RNE	
		PARAENTERAL NUTRITION SOLUTIONS & SUPPLIES, MEDICAL & SURGICAL SUPPLIES					
B4164		PARENTERAL NUTRITION SOLUTION: CARBOHYDRATES (DEXTROSE), 50% OR LESS		500 ML = 1 UNIT - HOMEMIX		\$19.00	
B4168		PARENTERAL NUTRITION SOLUTION: AMINO ACID 3.5%		500 ML = 1 UNIT - HOMEMIX		\$27.69	

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B4172		PARENTERAL NUTRITION SOLUTION: AMINO ACID, 5.5% THROUGH 7%		500 ML = 1 UNIT - HOMEMIX		\$114.41	
B4176		PARENTERAL NUTRITION SOLUTION: AMINO ACID, 7% THROUGH 8.5%		500 ML = 1 UNIT - HOMEMIX		\$53.58	
B4178		PARENTERAL NUTRITION SOLUTION: AMINO ACID, GREATER THAN 8.5%		500 ML = 1 UNIT - HOMEMIX		\$64.32	
B4180		PARENTERAL NUTRITION SOLUTION: CARBOHYDRATES, (DEXTROSE), GREATER THAN 50%		500 ML = 1 UNIT - HOMEMIX		\$27.25	
B4185		PARENTERAL NUTRITION SOLUTION		PER 10 GRAMS LIPIDS		\$12.56	
B4189		PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO ACID & CARBOHYDRATES W/ELECTROLYTES, (SEE HCPC MANUAL) ANY STRENGTH		10 TO 51 GRAMS PROTEIN		\$198.70	
B4193		PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO ACID & CARBOHYDRATES W/ (SEE HCPCS MANUAL) ANY STRENGTH		52 TO 73 GRAMS OF PROTEIN - PREMIX		\$256.78	
B4197		PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO ACID & CARBOHYDRATES W/ (SEE HCPC MANUAL)		74 TO 100 GRAMS OF PROTEIN - PREMIX		\$312.61	
B4199		PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO ACID & CARBOHYDRATES W/ (SEE HCPC MANUAL) ANY STRENGTH		OVER 100 GRAMS OF PROTEIN - PREMIX		\$357.22	
B4216		PARENTERAL NUTRITION; ADDITIVES (VITAMINS, TRACE ELEMENTS, ELECTROLYTES)		HOMEMIX PER DAY		\$8.63	

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B4220		PARENTERAL NUTRITION SUPPLY KIT		PREMIX, PER DAY		\$8.94	
B4222		PARENTERAL NUTRITION SUPPLY KIT		HOME MIX PER DAY		\$11.03	
B4224		PARENTERAL NUTRITION ADMIN KIT		PER DAY		\$27.95	
B5000		PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO ACID & CARBOHYDRATES W/ELECTROLYTES, TRACE ELEMENTS, & VITAMINS, INCLUDING PREP, ANY STRENGTH				\$13.28	
B5100		PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO ACID & CARBOHYDRATES W/ELECTROLYTES, TRACE ELEMENTS, & VITAMINS, INCLUDING PREP, ANY STRENGTH				\$5.20	
B5200		PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO ACID & CARBOHYDRATES W/ELECTROLYTES, TRACE ELEMENTS, VITAMINS, INCLUDING PREP, PREMIX			RNE		
		ENTERAL & PARAENTERAL PUMPS, MEDICAL & SURGICAL SUPPLIES					
B9000	KR	ENTERAL NUTRITION INFUSION PUMP - W/OUT ALARM				\$4.33	
B9000	LL	ENTERAL NUTRITION INFUSION PUMP - W/OUT ALARM			RNE		
B9000	MS	ENTERAL NUTRITION INFUSION PUMP - W/OUT ALARM MAINTENANCE & SERVICING FEE FOR REASONALBE NECESSARY PARTS & LABOR			RNE		

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B9000	NU	ENTERAL NUTRITION PUMP W/O ALARM			X	\$1,414.14	
B9000	RR	ENTERAL NUTRITION INFUSION PUMP-W/O ALARM				\$129.94	
B9002	KR	ENTERAL NUTRITION INFUSION PUMP-W/ALARM				\$4.56	
B9002	LL	ENTERAL NUTRITION INFUSION PUMP			X	RNE	
B9002	MS	ENTERAL NUTRITION INFUSION PUMP-W/ALARM MAINTENANCE & SERVICING FEE FOR REASONABLE & NECESSARY PARTS & LABOR				\$136.96	
B9002	NU	ENTERAL NUTRITION INFUSION PUMP - W/ALARM			X	\$1,414.14	
B9002	RB	ENTERAL NUTRITION INFUSION PUMP - W/ALARM, CLIENT-OWNED, REPAIR				\$1,414.14	
B9002	RR	ENTERAL NUTRITION INFUSION PUMP - W/ALARM				\$136.96	
B9004	KR	PARENTERAL NUTRITION INFUSION PUMP, PORTABLE				\$14.88	
B9004	RR	PARENTERAL NUTRITION INFUSION PUMP, PORTABLE				\$446.55	
B9006	KR	PARENTERAL NUTRITION INFUSION PUMP, STATIONARY				\$14.88	
B9006	RR	PARENTERAL NUTRITION INFUSION PUMP, STATIONARY				\$446.55	
B9998		NOC FOR ENTERAL SUPPLIES				RNE	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
		CANES, DME					
E0100	KR	CANE, ALL MATERIALS, ADJ OR FIXED, W/TIPS				\$0.21	
E0100	NU	CANE, ALL MATERIALS, ADJ OR FIXED, W/TIPS				\$22.68	
E0100	RR	CANE, ALL MATERIALS, ADJ OR FIXED, W/TIPS				\$6.39	
E0105	KR	CANE, QUAD OR THREE-PRONG, ALL MATERIALS, ADJ OR FIXED, W/TIPS				\$0.27	
E0105	NU	CANE, QUAD OR THREE-PRONG ALL MATERIALS, ADJ OR FIXED W/TIPS				\$52.87	
E0105	RR	CANE, QUAD OR THREE-PRONG, ALL MATERIALS, ADJ OR FIXED W/TIPS				\$8.10	
E0105	UE	CANE, QUAD OR THREE PRONG, ADJ OR FIXED W/TIPS (USED)				\$44.07	
		CRUTCHES, DME					
E0110	KR	CRUTCHES, FOREARM, VARIOUS MATERIALS, ADJ OR FIXED, W/TIPS & HANDGRIPS				\$0.57	
E0110	NU	CRUTCHES, FOREARM, VARIOUS MATERIALS, ADJ OR FIXED, W/TIPS & HANDGRIPS	EACH		X	\$83.53	
E0110	RR	CRUTCHES, FOREARM, VARIOUS MATERIALS, ADJ OR FIXED, W/TIPS & HANDGRIPS				\$17.21	
E0111	KR	CRUTCH, FOREARM, VARIOUS MATERIAL, ADJ OR FIXED W/TIP & HANDGRIP	EACH			\$0.25	

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E0111	NU	CRUTCH, FOREARM VARIOUS MATERIAL, ADJ OR FIXED W/TIP & HANDGRIP		EACH	X	\$54.99	
E0111	RR	CRUTCH, FOREARM, VARIOUS MATERIAL, ADJ OR FIXED W/TIP & HANDGRIP		EACH		\$7.71	
E0112	KR	CRUTCHES, UNDERARM, WOOD ADJ OR FIXED W/PADS, TIPS & HANDGRIPS		PAIR		\$0.35	
E0112	NU	CRUTCHES, UNDERARM, WOOD ADJ OR FIXED W/PADS, TIPS & HANDGRIPS		PAIR		\$39.83	
E0112	RR	CRUTCHES, UNDERARM, WOOD ADJ OR FIXED W/PADWS, TIPS & HANDGRIPS		PAIR		\$10.69	
E0113	KR	CRUTCH, UNDERARM, WOOD ADJ OR FIXED W/PAD, TIP & HANDGRIP		EACH		\$0.18	
E0113	NU	CRUTCH, UNDERARM, WOOD ADJ OR FIXED W/PAD, TIP & HANDGRIPS		EACH		\$19.33	
E0113	RR	CRUTCH, UNDERARM, WOOD ADJ OR FIXED W/PAD, TIP & HANDGRIP		EACH		\$5.54	
E0114	KR	CRUTCHES, UNDERARM, OTHER THAN WOOD, ADJ OR FIXED		PAIR		\$0.30	
E0114	NU	CRUTCHES, UNDERARM, OTHER THAN WOOD, ADJ OR FIXED		PAIR		\$50.80	
E0114	RR	CRUTCHES, UNDERARM, OTHER THAN WOOD, ADJ OR FIXED		PAIR		\$9.22	
E0114	UE	CRUTCHES, UNDERARM, OTHER THAN WOOD, ADJ OR FIXED (USED)		PAIR		\$37.93	
E0114	22	CRUTCHES, UNDERARM, BARIATRIC (CLIENT'S WEIGHT OVER 250		REQUIRES PHYSICIANS DETAILED ORDER, PAIR	X	RNE	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
		POUNDS),OTHER THAN WOOD, ADJUSTABLE OR FIXED					
E0116	KR	CRUTCH, UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, W/PAD, TIP, HANDGRIP, W/OR W/OUT SHOCK ABSORBER	EACH			\$0.19	
E0116	NU	CRUTCH, UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, W/PAD, TIP, HANDGRIP, W/OR W/O SHOCK ABSORBER	EACH			\$29.86	
E0116	RR	CRUTCH, UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, W/PAD, TIP, HANDGRIP, W/OR W/O SHOCK ABSORBER	EACH			\$5.81	
E0117	KR	CRUTCH, UNDERARM, ARTICULATING, SPRING ASSISTED	EACH			\$0.69	
E0117	NU	CRUTCH, UNDERARM, ARTICULATING, SPRING ASSISTED	EACH		X	\$207.47	
E0117	RR	CRUTCH, UNDERARM, ARTICULATING, SPRING ASSISTED	EACH			\$20.73	
E0118	KR	CRUTCH SUBSTITUTE, LOWER LEG PLATFORM, W/OR W/O WHEELS	EACH			RNE	
E0118	NU	CRUTCH SUBSTITUTE, LOWER LEG PLATFORM, W/OR W/O WHEELS	EACH		X	RNE	
E0118	RR	CRUTCH SUBSTITUTE, LOWER LEG PLATFORM, W/OR W/O WHEELS	EACH			RNE	
		WALKERS, DME					
E0130	KR	WALKER, RIGID (PICKUP), ADJ OR FIXED HEIGHT				\$0.51	

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E0130	NU	WALKER, RIGID (PICKUP), ADJ OR FIXED HEIGHT			X	\$75.57	
E0130	RR	WALKER, RIGID (PICKUP), ADJ OR FIXED HEIGHT				\$15.39	
E0130	22	WALKER, RIGID (PICKUP) ADJ OR FIXED HEIGHT	X	PA REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	
E0135	KR	WALKER, FOLDING (PICKUP) ADJ OR FIXED HEIGHT				\$0.52	
E0135	LL	WALKER, FOLDING (PICKUP) ADJ OR FIXED HEIGHT				RNE	
E0135	NU	WALKER, FOLDING (PICKUP) ADJ OR FIXED HEIGHT			X	\$90.26	
E0135	RR	WALKER, FOLDING (PICKUP) ADJ OR FIXED HEIGHT				\$15.79	
E0135	UE	WALKER, FOLDING (PICKUP) ADJ OR FIXED HEIGHT			X	\$84.99	
E0140	KR	WALKER, W/TRUNK SUPPORT, ADJ OR FIXED HEIGHT, ANY TYPE				\$1.29	
E0140	NU	WALKER, W/TRUNK SUPPORT, ADJ OR FIXED HEIGHT, ANY TYPE			X	\$388.34	
E0140	RR	WALKER, W/TRUNK SUPPORT, ADJ OR FIXED HEIGHT, ANY TYPE				\$38.84	
E0141	KR	WALKER, RIGID, WHEELED, ADJ OR FIXED HEIGHT				\$0.80	
E0141	NU	WALKER, RIGID, WHEELED, ADJ OR FIXED HEIGHT			X	\$124.12	

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E0141	RR	WALKER, RIGID, WHEELED, ADJ OR FIXED HEIGHT				\$24.07	
E0143	KR	WALKER, FOLDING, WHEELED, ADJ OR FIXED HEIGHT				\$0.77	
E0143	LL	WALKER, FOLDING, WHEELED, ADJ OR FIXED HEIGHT			X	RNE	
E0143	NU	WALKER, FOLDING, WHEELED, ADJ OR FIXED HEIGHT			X	\$124.12	
E0143	RR	WALKER, FOLDING, WHEELED, ADJ OR FIXED HEIGHT				\$23.24	
E0143	UE	WALKER, FOLDING, WHEELED, ADJ OR FIXED HEIGHT			X	\$108.96	
E0144	KR	WALKER, ENCLOSED, FOUR SIDED FRAMED, RIGID OR FOLDING, WHEELED W/POSTERIOR SEAT				\$1.14	
E0144	NU	WALKER, ENCLOSED, FOUR SIDED FRAMED, RIGID OR FOLDING, WHEELED W/POSTERIOR SEAT			X	\$342.84	
E0144	RR	WALKER, ENCLOSED, FOUR SIDED FRAMED, RIGID OR FOLDING, WHEELED W/POSTERIOR SEAT				\$34.30	
E0147	KR	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE				\$2.06	
E0147	NU	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE			X	\$618.84	
E0147	RR	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE				\$61.88	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
E0148	KR	WALKER, HEAVY DUTY, W/O WHEELS, RIGID OR FOLDING, ANY TYPE		EACH		\$0.45	
E0148	NU	WALKER, HEAVY DUTY, W/O WHEELS, RIGID OR FOLDING, ANY TYPE		EACH	X	\$136.78	
E0148	RR	WALKER, HEAVY DUTY, W/O WHEELS, RIGID OR FOLDING, ANY TYPE		EACH		\$13.69	
E0148	UE	WALKER, HEAVY DUTY, W/O WHEELS, RIGID OR FOLDING, ANY TYPE		EACH	X	\$114.11	
E0149	KR	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE				\$0.80	
E0149	NU	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE			X	\$240.29	
E0149	RR	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE				\$24.02	
		ATTACHMENTS, DME					
E0153	KR	PLATFORM ATTACHMENT, FOREARM, CRUTCH		EACH		\$0.23	
E0153	NU	PLATFORM ATTACHMENT, FOREARM, CRUTCH		EACH		\$63.67	
E0153	RR	PLATFORM ATTACHMENT, FOREARM, CRUTCH		EACH		\$7.17	
E0154	KR	PLATFORM ATTACHMENT, WALKER		EACH		\$0.30	
E0154	NU	PLATFORM ATTACHMENT, WALKER		EACH		\$75.91	
E0154	RA	PLATFORM ATTACHMENT, WALKER		EACH		\$75.91	
E0154	RB	PLATFORM ATTACHMENT, WALKER		EACH		\$75.91	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
E0154	RR	PLATFORM ATTACHMENT, WALKER		EACH		\$9.21	
E0155	KR	WHEEL ATTACHMENT, RIGID PICK-UP WALKER		PER PAIR		\$0.11	
E0155	NU	WHEEL ATTACHMENT, RIGID PICK-UP WALKER		PER PAIR		\$28.88	
E0155	RA	WHEEL ATTACHMENT, RIGID PICK-UP WALKER		PER PAIR		\$28.88	
E0155	RB	WHEEL ATTACHMENT, RIGID PICK-UP WALKER		PER PAIR		\$28.88	
E0155	RR	WHEEL ATTACHMENT, RIGID PICK-UP WALKER		PER PAIR		\$3.52	
E0156	KR	SEAT ATTACHMENT, WALKER				\$0.12	
E0156	NU	SEAT ATTACHMENT, WALKER				\$28.45	
E0156	RR	SEAT ATTACHMENT, WALKER				\$3.63	
E0157	KR	CRUTCH ATTACHMENT, WALKER		EACH		\$0.27	
E0157	NU	CRUTCH ATTACHMENT, WALKER		EACH		\$74.96	
E0157	RR	CRUTCH ATTACHMENT, WALKER		EACH		\$8.22	
E0158	KR	LEG EXTENSIONS FOR WALKER		PER SET OF 4		\$0.12	
E0158	NU	LEG EXTENSIONS FOR WALKER		PER SET OF 4		\$34.64	
E0158	RR	LEG EXTENSIONS FOR WALKER		PER SET OF 4		\$3.62	
E0159	KR	BRAKE ATTACHMENT FOR WHEELED WALKER		EACH, REPLACEMENT		\$0.06	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
E0159	NU	BRAKE ATTACHMENT FOR WHEELED WALKER		EACH, REPLACEMENT		\$19.23	
E0159	RR	BRAKE ATTACHMENT FOR WHEELED WALKER		EACH, REPLACEMENT		\$1.93	
		COMMODES, DME					
E0160	NU	SITZ TYPE BATH OR EQUIP, PORTABLE, W/OR W/O COMMUNE				\$30.25	
E0161	NU	SITZ TYPE BATH OR EQUIP, PORTABLE, W/OR W/O COMMUNE, W/FAUCET ATTACHMENTS				\$26.02	
E0162	NU	SITZ BATH CHAIR			X	\$156.86	
E0162	RR	SITZ BATH CHAIR				\$16.46	
E0163	KR	COMMUNE CHAIR, MOBILE OR STATIONARY, W/FIXED ARMS				\$0.74	
E0163	NU	COMMUNE CHAIR, MOBILE OR STATIONARY, W/FIXED ARMS			X	\$118.73	
E0163	RR	COMMUNE CHAIR, MOBILE OR STATIONARY, W/FIXED ARMS				\$22.36	
E0163	UE	COMMUNE CHAIR, MOBILE OR STATIONARY, W/FIXED ARMS			X	\$114.50	
E0165	KR	COMMUNE CHAIR, MOBILE OR STATIONARY, W/DETACHABLE ARMS				\$0.66	
E0165	NU	COMMUNE CHAIR, MOBILE OR STATIONARY, W/DETACHABLE ARMS			X	\$200.03	
E0165	RR	COMMUNE CHAIR, MOBILE OR STATIONARY, W/DETACHABLE ARMS				\$20.00	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
E0167	RB	PAIL OR PAN FOR USE W/COMMODE CHAIR		REPLACEMENT ONLY		\$15.74	
E0168	KR	COMMODE CHAIR, EXTRA WIDE &/OR HEAVY DUTY, STATIONARY OR MOBILE, W/OR W/OUT ARMS, ANY TYPE		EACH		\$0.54	
E0168	NU	COMMODE CHAIR, EXTRA WIDE &/OR HEAVY DUTY, STATIONARY OR MOBILE, W/OR W/OUT ARMS, ANY TYPE		EACH	X	\$162.48	
E0168	RR	COMMODE CHAIR, EXTRA WIDE &/OR HEAVY DUTY, STATIONARY OR MOBILE, W/OR W/O ARMS, ANY TYPE		EACH		\$16.24	
E0170	KR	COMMODE CHAIR W/INTEGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE				\$5.76	
E0170	NU	COMMODE CHAIR W/INTEGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE			X	\$1,730.32	
E0170	RR	COMMODE CHAIR W/INTEGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE				\$173.03	
E0171	KR	COMMODE CHAIR W/INTEGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE				\$1.03	
E0171	NU	COMMODE CHAIR W/INTEGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE			X	\$311.35	
E0171	RR	COMMODE CHAIR W/INTEGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE				\$31.13	
E0172	KR	SEAT LIFT MECHANISM PLACED OVER OR ON TOP OF TOILET, ANY TYPE				RNE	
E0172	NU	SEAT LIFT MECHANISM PLACED OVER OR ON TOP OF TOILET, ANY TYPE			X	RNE	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
E0172	RR	SEAT LIFT MECHANISM PLACED OVER OR ON TOP OF TOILET, ANY TYPE				RNE	
E0175	KR	FOOT REST FOR USE W/COMMODE CHAIR		EACH		\$0.23	
E0175	NU	FOOT REST FOR USE W/COMMODE CHAIR		EACH		\$71.30	
E0175	RR	FOOTREST FOR USE W/COMMODE CHAIR		EACH		\$7.12	
		DECUBITUS CARE EQUIPMENT, DME					
E0181	KR	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, W/PUMP, INCLUDES HEAVY DUTY				\$0.93	
E0181	NU	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, W/PUMP, INCLUDES HEAVY DUTY			X	\$280.56	
E0181	RR	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, W/PUMP, INCLUDES HEAVY DUTY				\$28.05	
E0182	KR	PUMP FOR ALTERNATING PRESSURE PAD		REPLACEMENT ONLY		\$0.93	
E0182	NU	PUMP FOR ALTERNATING PRESSURE PAD		REPLACEMENT ONLY		\$281.85	
E0182	RA	PUMP FOR ALTERNATING PRESSURE PAD		REPLACEMENT ONLY		\$281.85	
E0182	RR	PUMP FOR ALTERNATING PRESSURE PAD		REPLACEMENT ONLY		\$28.18	
E0184	KR	DRY PRESSURE MATTRESS				\$0.88	
E0184	NU	DRY PRESSURE MATTRESS			X	\$209.61	
E0184	RR	DRY PRESSURE MATTRESS				\$26.45	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
E0185	KR	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STD MATTRESS LENGTH & WIDTH				\$1.37	
E0185	NU	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STD MATTRESS LENGTH & WIDTH			X	\$344.36	
E0185	RR	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STD MATTRESS LENGTH & WIDTH				\$41.12	
E0186	KR	AIR PRESSURE MATTRESS				\$0.61	
E0186	NU	AIR PRESSURE MATTRESS				\$185.82	
E0186	RR	AIR PRESSURE MATTRESS				\$18.58	
E0187	KR	WATER PRESSURE MATTRESS				\$0.83	
E0187	NU	WATER PRESSURE MATTRESS			X	\$249.88	
E0187	RR	WATER PRESSURE MATTRESS				\$24.98	
E0188	NU	SYNTHETIC SHEEPSKIN PAD				\$24.19	
E0189	NU	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE				\$47.55	
E0190	KR	POSITIONING CUSHION/PILLOW/WEDGE, ANY SHAPE OR SIZE, INCLUDES ALL COMPONENTS & ACCESSORIES				RNE	
E0190	NU	POSITIONING CUSHION/PILLOW/WEDGE, ANY SHAPE OR SIZE, INCLUDES ALL COMPONENTS & ACCESSORIES			X	RNE	
E0190	RR	POSITIONING CUSHION/PILLOW/WEDGE, ANY SHAPE OR SIZE, INCLUDES ALL COMPONENTS & ACCESSORIES				RNE	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
E0191	NU	HEEL OR ELBOW PROTECTOR		EACH		\$9.14	
E0193	KR	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)				\$32.42	X
E0193	RR	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	X	PA REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$972.67	X
E0194	KR	AIR FLUIDIZED BED				\$116.78	X
E0194	RR	AIR FLUIDIZED BED	X	PA REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$3,503.64	X
E0196	KR	GEL PRESSURE MATTRESS				\$1.16	
E0196	NU	GEL PRESSURE MATTRESS			X	\$349.78	
E0196	RR	GEL PRESSURE MATTRESS				\$34.97	
E0197	NU	AIR PRESSURE PAD FOR MATTRESS, STD MATTRESS LENGTH & WIDTH			X	\$238.55	
E0197	RA	AIR PRESSURE PAD FOR MATTRESS, STD MATTRESS LENGTH & WIDTH			X	\$238.55	
E0197	RR	AIR PRESSURE PAD FOR MATTRESS, STD MATTRESS LENGTH & WIDTH				\$32.91	
E0198	KR	WATER PRESSURE PAD FOR MATTRESS, STD MATTRESS LENGTH & WIDTH				\$0.82	
E0198	NU	WATER PRESSURE PAD FOR MATTRESS, STD MATTRESS LENGTH & WIDTH			X	\$238.55	
E0198	RR	WATER PRESSURE PAD FOR MATTRESS, STD MATTRESS LENGTH & WIDTH				\$24.70	
E0199	NU	DRY PRESSURE PAD FOR MATTRESS, STD MATTRESS LENGTH & WIDTH				\$33.56	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
		HEAT/COLD APPLICATION, DME					
E0200	KR	HEAT LAMP, W/O STAND (TABLE MODEL) INCLUDES BULB OR INFRARED ELEMENT				\$0.32	
E0200	NU	HEAT LAMP, W/O STAND (TBL MDL) INCLUDES BULB OR INFRARED ELEMENT			X	\$73.79	
E0200	RR	HEAT LAMP, W/O STAND (TBL MDL) INCLUDES BULB OR INFRARED ELEMENT				\$9.85	
E0202	KR	PHOTOTHERAPY (BILIRUBIN) LIGHT W/PHOTOMETER				\$110.18	
E0205	KR	HEAT LAMP W/STAND, INCLUDES BULB OR INFRARED ELEMENT				\$0.76	
E0205	NU	HEAT LAMP W/STAND, INCLUDES BULB OR INFRARED ELEMENT			X	\$208.92	
E0205	RR	HEAT LAMP W/STAND, INCLUDES BULB OR INFRARED ELEMENT				\$22.97	
E0210	NU	ELECTRIC HEAT PAD, STANDARD				\$35.14	
E0215	NU	ELECTRIC HEAT PAD, MOIST				\$76.26	
E0215	RR	ELECTRIC HEAT PAD, MOIST				\$7.97	
E0217	KR	WATER CIRC HEAT PAD W/PUMP				\$1.68	
E0217	NU	WATER CIRC HEAT PAD W/PUMP			X	\$454.32	
E0217	RR	WATER CIRC HEAT PAD W/PUMP				\$50.58	
E0221	KR	INFRARED HEATING PAD SYSTEM				\$8.27	
E0221	NU	INFRARED HEATING PAD SYSTEM			X	\$2,482.52	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
E0221	RR	INFRARED HEATING PAD SYSTEM				\$248.25	
E0225	KR	HYDROCOLLATOR UNIT, INCLUDES PADS				\$1.37	
E0225	NU	HYDROCOLLATOR UNIT, INCLUDES PADS			X	\$418.42	
E0225	RR	HYDROCOLLATOR UNIT, INCLUDES PADS				\$41.24	
E0235	KR	PARAFFIN BATH UNIT, PORTABLE				\$0.55	
E0235	NU	PARAFFIN BATH UNIT, PORTABLE			X	\$166.87	
E0235	RR	PARAFFIN BATH UNIT, PORTABLE				\$16.68	
E0236	RB	PUMP FOR WATER CIRCULATING PAD		FOR CLIENT-OWNED HEATING PAD ONLY		RNE	
E0239	KR	HYDROCOLLATOR UNIT, PORTABLE				\$1.37	
E0239	NU	HYDROCOLLATOR UNIT, PORTABLE			X	\$411.65	
E0239	RR	HYDROCOLLATOR UNIT, PORTABLE				\$41.16	
		BATH & TOILET AIDS, DME					
E0240	KR	BATH/SHOWER CHAIR, W/OR W/OUT WHEELS, ANY SIZE				RNE	
E0240	NU	BATH/SHOWER CHAIR, W/OR W/OUT WHEELS, ANY SIZE			X	RNE	
E0240	RR	BATH/SHOWER CHAIR, W/OR W/OUT WHEELS, ANY SIZE				RNE	
E0241	NU	BATH TUB WALL RAIL		EACH		\$37.77	
E0241	RR	BATH TUB WALL RAIL		EACH		\$3.77	
E0242	NU	BATH TUB RAIL, FLOOR BASE			X	\$86.57	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
E0243	KR	TOILET RAIL		EACH		\$0.20	
E0243	NU	TOILET RAIL		EACH		\$62.96	
E0243	RR	TOILET RAIL		EACH		\$6.29	
E0244	NU	RAISED TOILET SEAT			X	\$72.40	
E0245	KR	TUB STOOL OR BENCH				\$0.26	
E0245	NU	TUB STOOL OR BENCH			X	\$77.12	
E0245	RR	TUB STOOL OR BENCH				\$7.71	
E0245	22	TUB STOOL OR BENCH	X	PA REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	RNE	
E0246	KR	TRANSFER TUB RAIL ATTACHMENT				\$0.35	
E0246	NU	TRANSFER TUB RAIL ATTACHMENT				\$46.98	
E0246	RR	TRANSFER TUB RAIL ATTACHMENT				\$4.70	
E0247	KR	TRANSFER BENCH FOR TUB OR TOILET W/OR W/O COMMODE OPENING				RNE	
E0247	NU	TRANSFER BENCH FOR TUB OR TOILET W/OR W/O COMMODE OPENING			X	RNE	
E0247	RR	TRANSFER BENCH FOR TUB OR TOILET W/OR W/O COMMODE OPENING				RNE	
E0248	KR	TRANSFER BENCH, HEAVY DUTY, FOR TUB OR TOILET W/OR W/O COMMODE OPENING				RNE	
E0248	NU	TRANSFER BENCH, HEAVY DUTY, FOR TUB OR TOILET W/OR W/O COMMODE OPENING			X	RNE	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
E0248	RR	TRANSFER BENCH, HEAVY DUTY, FOR TUB OR TOILET W/OR W/O COMMODE OPENING				RNE	
E0249	RB	PAD FOR WATER CIRCULATING HEAT UNIT		REPLACEMENT ONLY		\$107.03	
		HOSPITAL BEDS & ACCESSORIES, DME					
E0250	KR	HOSPITAL BED, FIXED HEIGHT, W/ANY TYPE SIDE RAILS, W/MATTRESS				\$3.50	
E0250	NU	HOSPITAL BED, FIXED HEIGHT, W/ANY TYPE SIDE RAILS, W/MATTRESS			X	\$1,052.49	
E0250	RR	HOSPITAL BED, FIXED HEIGHT, W/ANY TYPE SIDE RAILS, W/MATTRESS				\$105.24	
E0251	KR	HOSPITAL BED, FIXED HEIGHT, W/ANY TYPE SIDE RAILS, W/O MATTRESS				\$2.25	
E0251	NU	HOSPITAL BED, FIXED HEIGHT, W/ANY TYPE SIDE RAILS, W/O MATTRESS			X	\$677.93	
E0251	RR	HOSPITAL BED, FIXED HEIGHT, W/ANY TYPE SIDE RAILS, W/O MATTRESS				\$67.79	
E0255	KR	HOSPITAL BED, VARIABLE HGT HI-LO, W/ANY TYPE SIDE RAILS W/ MATTRESS				\$4.21	
E0255	NU	HOSPITAL BED, VARIABLE HGT HI-LO, W/ANY TYPE SIDE RAILS W/ MATTRESS			X	\$1,264.79	
E0255	RR	HOSPITAL BED, VARIABLE HGT HI-LO, W/ANY TYPE SIDE RAILS W/ MATTRESS				\$126.47	
E0256	KR	HOSPITAL BED, VARIABLE HGT HI-LO, W/ANY TYPE SIDE RAILS W/O MATTRESS				\$2.90	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
E0256	NU	HOSPITAL BED, VARIABLE HGT HI-LO, W/ANY TYPE SIDE RAILS W/O MATTRESS			X	\$871.83	
E0256	RR	HOSPITAL BED, VARIABLE HGT HI-LO, W/ANY TYPE SIDE RAILS W/O MATTRESS				\$87.18	
E0260	KR	HOSPITAL BED SEMI-ELEC (HEAD & FT ADJ) W/ANY TYPE SIDE RAILS W/MATTRESS				\$5.04	
E0260	LL	HOSPITAL BED SEMI-ELEC (HEAD & FT ADJ) W/ANY TYPE SIDE RAILS W/MATTRESS	X	SEE CONVERSION, RENTAL TO PURCHASE, 471 NAC 7-010.09.		RNE	
E0260	NU	HOSPITAL BED SEMI-ELEC (HEAD & FT ADJ) W/ANY TYPE SIDE RAILS W/MATTRESS			X	\$1,512.20	
E0260	RR	HOSPITAL BED SEMI-ELEC (HEAD & FT ADJ) W/ANY TYPE SIDE RAILS W/MATTRESS				\$151.22	
E0260	UE	HOSPITAL BED SEMI-ELEC (HEAD & FT ADJ) W/ANY TYPE SIDE RAILS W/MATTRESS	X	PA REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$1,134.15	
E0261	KR	HOSPITAL BED SEMI-ELEC (HEAD & FT ADJ) W/ANY TYPE SIDE RAILS W/O MATTRESS				\$4.17	
E0261	NU	HOSPITAL BED SEMI-ELEC (HEAD & FT ADJ) W/ANY TYPE SIDE RAILS W/O MATTRESS			X	\$1,253.17	
E0261	RR	HOSPITAL BED, SEMI-ELEC (HEAD & FT ADJ) W/ANY TYPE SIDE RAILS W/O MATTRESS				\$125.31	
E0265	KR	HOSPITAL BED, ELECTRIC (HEAD, FT & HGT ADJ) W/ANY TYPE SIDE RAILS W/MATTRESS				\$6.73	
E0265	NU	HOSPITAL BED ELECTRIC (HEAD, FT & HGT ADJ) W/ANY TYPE SIDE RAILS W/MATTRESS			X	\$2,021.65	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
E0265	RR	HOSPITAL BED ELECTRIC (HEAD, FT & HGT ADJ) W/ANY TYPE SIDE RAILS W/MATTRESS				\$202.16	
E0265	UE	HOSPITAL BED ELECTRIC (HEAD, FT & HGT ADJ) W/ANY TYPE SIDE RAILS W/MATTRESS	X	PA REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$1,432.34	
E0266	KR	HOSPITAL BED, ELECTRIC (HEAD, FT & HGT ADJ) W/ANY TYPE RAILS W/O MATTRESS				\$6.14	
E0266	NU	HOSPITAL BED, ELECTRIC (HEAD, FT & HGT ADJ) W/ANY TYPE RAILS W/O MATTRESS			X	\$1,843.47	
E0266	RR	HOSPITAL MED, ELECTRIC (HEAD, FT & HGT ADJ) W/ANY TYPE RAILS W/O MATTRESS				\$184.34	
E0271	KR	MATTRESS, INNERSPRING				\$0.72	
E0271	LL	MATTRESS, INNERSPRING	X	SEE CONVERSION RENTAL TO PURCHASE, 471 NAC 7-010.09.		RNE	
E0271	NU	MATTRESS, INNERSPRING			X	\$217.87	
E0271	RA	MATTRESS, INNERSPRING			X	\$217.87	
E0271	RR	MATTRESS, INNERSPRING				\$21.79	
E0272	KR	MATTRESS, FOAM RUBBER				\$0.72	
E0272	NU	MATTRESS, FOAM RUBBER			X	\$217.87	
E0272	RA	MATTRESS, FOAM RUBBER			X	\$217.87	
E0272	RR	MATTRESS, FOAM RUBBER				\$21.79	
E0275	NU	BED PAN, STANDARD, METAL OR PLASTIC				\$14.00	
E0276	NU	BED PAN, FRACTURE, METAL OR PLASTIC				\$12.17	
E0280	NU	BED CRADLE, ANY TYPE				\$41.12	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
E0290	KR	HOSPITAL BED, FIXED HEIGHT, W/O SIDE RAILS, W/MATTRESS				\$2.44	
E0290	NU	HOSPITAL BED, FIXED HEIGHT, W/O SIDE RAILS, W/MATTRESS			X	\$734.13	
E0290	RR	HOSPITAL BED, FIXED HEIGHT, W/O SIDE RAILS, W/MATTRESS				\$73.41	
E0291	KR	HOSPITAL BED, FIXED HEIGHT, W/O SIDE RAILS, W/O MATTRESS				\$1.65	
E0291	NU	HOSPITAL BED, FIXED HEIGHT, W/O SIDE RAILS, W/O MATTRESS			X	\$496.96	
E0291	RR	HOSPITAL BED, FIXED HEIGHT, W/O SIDE RAILS, W/O MATTRESS				\$49.69	
E0292	KR	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, W/O SIDE RAILS, W/ MATTRESS				\$2.87	
E0292	NU	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, W/O SIDE RAILS, W/ MATTRESS			X	\$861.60	
E0292	RR	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, W/O SIDE RAILS, W/ MATTRESS				\$86.16	
E0293	KR	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, W/O SIDE RAILS, W/O MATTRESS				\$2.31	
E0293	NU	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, W/O SIDE RAILS, W/O MATTRESS			X	\$694.41	
E0293	RR	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, W/O SIDE RAILS, W/O MATTRESS				\$69.44	
E0294	KR	HOSPITAL BED,SEMI ELEC. W/O SIDE RAILS, W/MATTRESS				\$3.98	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
E0294	NU	HOSP BED, SEMI ELEC. W/O SIDE RAILS, W/MATTRESS	X	PA REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$1,195.57	
E0294	RR	HOSP BED, SEMI ELEC. W/O SIDE RAILS, W/MATTRESS				\$119.55	
E0295	KR	HOSP BED, SEMI ELEC. W/O SIDE RAILS, W/O MATTRESS				\$3.88	
E0295	NU	HOSP BED, SEMI ELEC. W/O SIDE RAILS, W/O MATTRESS			X	\$1,165.42	
E0295	RR	HOSP BED, SEMI ELEC. W/O SIDE RAILS, W/O MATTRESS				\$116.54	
E0296	KR	HOSP BED, TOTAL ELEC. W/O SIDE RAILS, W/MATTRESS				\$5.00	
E0296	NU	HOSP BED, TOTAL ELEC, W/O SIDE RAILS, W/MATTRESS			X	\$1,502.62	
E0296	RR	HOSP BED, TOTAL ELEC, W/O SIDE RAILS, W/MATTRESS				\$150.26	
E0297	KR	HOSP BED, TOTAL ELEC, W/O SIDE RAILS, W/O MATTRESS				\$4.79	
E0297	NU	HOSP BED, TOTAL ELEC, W/O SIDE RAILS, W/O MATTRESS			X	\$1,437.37	
E0297	RR	HOSP BED, TOTAL ELEC. W/O SIDE RAILS, W/O MATTRESS				\$143.73	
E0300	KR	PEDIATRIC CRIB, HOSPITAL GRADE, FULLY ENCLOSED	X	PA REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$10.18	
E0300	NU	PEDIATRIC CRIB, HOSPITAL GRADE, FULLY ENCLOSED	X	PA REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$3,056.07	

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E0300	RR	PEDIATRIC CRIB, HOSPITAL GRADE, FULLY ENCLOSED	X	PA REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$305.60	
E0301	KR	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, W/WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, W/ANY TYPE SIDE	X	PA REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$9.71	
E0301	NU	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, W/WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, W/ANY TYPE SIDE	X	PA REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$2,914.59	
E0301	RR	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, W/WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, W/ANY TYPE SIDE	X	PA REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$291.45	
E0302	KR	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, W/WEIGHT CAPACITY GREATER THAN 600 POUNDS, W/ANY TYPE SIDE RAILS, W/O MATTRESS	X	PA REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$25.67	
E0302	NU	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, W/WEIGHT CAPACITY GREATER THAN 600 POUNDS, W/ANY TYPE SIDE RAILS, W/OUT MATTRESS	X	PA REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$7,702.47	
E0302	RR	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, W/WEIGHT CAPACITY GREATER THAN 600 POUNDS, W/ANY TYPE SIDE RAILS, W/O MATTRESS	X	PA REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$770.24	
E0303	KR	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, W/WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, W/ANY TYPE SIDE	X	PA REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$10.90	

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E0303	NU	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, W/WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, W/ANY TYPE SIDE	X	PA REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$3,272.67	
E0303	RR	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, W/WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, W/ANY TYPE SIDE	X	PA REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$327.26	
E0303	22	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, W/WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUIPAL TO 600 POUNDS, W/ANY TYPE SIDE	X	PA REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	RNE	
E0304	KR	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, W/WEIGHT CAPACITY GREATER THAN 600 POUNDS, W/ANY TYPE SIDE RAILS, W/MATTRESS	X	PA REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$27.65	
E0304	NU	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, W/WEIGHT CAPACITY GREATER THAN 600 POUNDS, W/ANY TYPE SIDE RAILS, W/MATTRESS	X	PA REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$8,297.09	
E0304	RR	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, W/WEIGHT CAPACITY GREATER THAN 600 POUNDS, W/ANY TYPE SIDE RAILS, W/MATTRESS	X	PA REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$829.70	
E0305	KR	BED SIDE RAILS, HALF LENGTH		1 UNIT = 1 PAIR		\$0.63	
E0305	NU	BED SIDE RAILS, HALF LENGH		1 UNIT = 1 PAIR	X	\$191.52	
E0305	RB	BED SIDE RAILS, HALF LENGTH		1 UNIT = 1 PAIR		\$191.52	
E0305	RR	BED SIDE RAILS, HALF LENGTH		1 UNIT = 1 PAIR		\$19.15	

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E0305	UE	BED SIDE RAILS, HALF LENGTH		1 UNIT = 1 PAIR	X	\$171.17	
E0310	KR	BED SIDE RAILS, FULL LENGTH		1 UNIT = 1 PAIR		\$0.72	
E0310	NU	BED SIDE RAILS, FULL LENGTH		1 UNIT = 1 PAIR	X	\$209.01	
E0310	RB	BED SIDE RAILS, FULL LENGTH		1 UNIT = 1 PAIR		\$209.01	
E0310	RR	BED SIDE RAILS, FULL LENGTH		1 UNIT = 1 PAIR		\$21.63	
E0316	KR	SAFETY ENCLOSURE FRAME/CANOPY FOR USE W/HOSPITAL BED, ANY TYPE	X	PA REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$7.58	
E0316	NU	SAFETY ENCLOSURE FRAME/CANOPY FOR USE W/HOSPITAL BED, ANY TYPE	X	PA REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$2,274.65	
E0316	RR	SAFETY ENCLOSURE FRAME/CANOPY FOR USE W/HOSPITAL BED, ANY TYPE	X	PA REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$227.46	
E0316	22	SAFETY ENCLOSURE FRAME/CANOPY FOR USE W/HOSPITAL BED, ANY TYPE	X	PA REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	RNE	
E0325	NU	URINAL; MALE, JUG-TYPE, ANY MATERIAL				\$10.88	
E0326	NU	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL				\$11.30	
E0328	KR	HOSPITAL BED, PEDIATRIC, MANUAL, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD & SIDE RAILS UP TO 24 INCHES ABOVE THE SPRING, INCLU				RNE	
E0328	NU	HOSPITAL BED, PEDIATRIC, MANUAL, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD & SIDE RAILS UP TO 24 INCHES ABOVE THE SPRING, INCLU			X	RNE	

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E0328	RR	HOSPITAL BED, PEDIATRIC, MANUAL, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD & SIDE RAILS UP TO 24 INCHES ABOVE THE SPRING, INCLU				RNE	
E0329	KR	HOSPITAL BED, PEDIATRIC, ELECTRIC OR SEMI-ELECTRIC, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD & SIDE RAILS UP TO 24 INCHES ABOVE				RNE	
E0329	NU	HOSPITAL BED, PEDIATRIC, ELECTRIC OR SEMI-ELECTRIC, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD & SIDE RAILS UP TO 24 INCHES ABOVE			X	RNE	
E0329	RR	HOSPITAL BED, PEDIATRIC, ELECTRIC OR SEMI-ELECTRIC, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD & SIDE RAILS UP TO 24 INCHES ABOVE				RNE	
E0370	NU	AIR PRESSURE ELEVATOR FOR HEEL			X	RNE	
E0371	KR	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STD LGTH/WIDSEND CLAIM TO MED SVC				\$15.95	
E0371	NU	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STD LGTH/WID			X	\$4,785.30	
E0371	RR	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STD LGTH/WID				\$478.53	

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E0373	KR	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS				\$22.05	
E0373	NU	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS			X	\$6,615.42	
E0373	RR	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS				\$661.54	
		OXYGEN & RELATED RESPIRATORY EQUIPMENT, DME					
E0424	KR	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER/CONTENTS/REGULATOR/FLOWMETER/HUMIDIFIER/NEBULIZER/CANNULA/MASK & TUBING				\$7.11	
E0424	QE	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, TUBING; PRESCRIBED OXYGEN LESS THAN 1 LITERS PER MINUTE (LPM)				\$106.79	
E0424	QF	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, TUBING; PRESCRIBED O2 EXCEEDS 4 LPM & PORTABLE O2 PRESCRIBED				\$320.39	
E0424	QG	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, TUBING; PRESCRIBED AMOUNT OF O2 GREATER THAN 4 LITERS PER MINUTE				\$320.39	
E0431	KR	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER/REG				\$1.14	

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		ULATOR/FLOWMETER/HUMIDIFIER/CANNULA OR MASK & TUBING					
E0431	QE	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK & TUBING				\$17.11	
E0431	QF	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK & TUBING				\$51.34	
E0431	QG	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK & TUBING				\$51.34	
E0431	RR	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER/REGULATOR/FLOWMETER/HUMIDIFIER/CANNULA OR MASK & TUBING				\$34.22	
E0434	KR	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL				\$1.14	
E0434	QE	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL				\$17.11	
E0434	QF	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL				\$51.34	
E0434	QG	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL				\$51.34	

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E0434	RR	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL				\$34.22	
E0439	KR	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER/CONTENTS/REGULATOR/FLOWMETER/HUMIDIFIER/NEBULIZER, CANNULA OR MASK, & TUBING				\$7.11	
E0439	QE	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK				\$106.79	
E0439	QF	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK				\$320.39	
E0439	QG	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK				\$320.39	
E0439	RR	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER/CONTENTS/REGULATOR/FLOWMETER/HUMIDIFIER/NEBULIZER, CANNULA OR MASK, & TUBING				\$213.59	
E0441	NU	STATIONARY OXYGEN CONTENTS, GASEOUS		1 MONTH'S SUPPLY = 1		\$83.38	
E0441	QE	STATIONARY OXYGEN CONTENTS, GASEOUS		1 MONTH'S SUPPLY = 1		\$41.69	
E0441	QF	STATIONARY OXYGEN CONTENTS, GASEOUS		1 MONTH'S SUPPLY = 1		\$125.08	
E0441	QG	STATIONARY OXYGEN CONTENTS, GASEOUS		1 MONTH'S SUPPLY = 1		\$125.08	

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E0442	NU	STATIONARY OXYGEN CONTENTS, LIQUID		1 MONTH'S SUPPLY = 1		\$83.38	
E0442	QE	STATIONARY OXYGEN CONTENTS, LIQUID		1 MONTH'S SUPPLY = 1		\$41.69	
E0442	QF	STATIONARY OXYGEN CONTENTS, LIQUID		1 MONTH'S SUPPLY = 1		\$125.08	
E0442	QG	STATIONARY OXYGEN CONTENTS, LIQUID		1 MONTH'S SUPPLY = 1		\$125.08	
E0443	NU	PORTABLE OXYGEN CONTENTS, GASEOUS		1 MONTH'S SUPPLY = 1		\$83.38	
E0443	QE	PORTABLE OXYGEN CONTENTS, GASEOUS		1 MONTH'S SUPPLY = 1		\$41.69	
E0443	QF	PORTABLE OXYGEN CONTENTS, GASEOUS		1 MONTH'S SUPPLY = 1		\$125.08	
E0443	QG	PORTABLE OXYGEN CONTENTS, GASEOUS		1 MONTH'S SUPPLY = 1		\$125.08	
E0444	NU	PORTABLE OXYGEN CONTENTS, LIQUID		1 MONTH'S SUPPLY = 1		\$83.38	
E0444	QE	PORTABLE OXYGEN CONTENTS, LIQUID		1 MONTH'S SUPPLY = 1		\$41.69	
E0444	QF	PORTABLE OXYGEN CONTENTS, LIQUID		1 MONTH'S SUPPLY = 1		\$125.08	
E0444	QG	PORTABLE OXYGEN CONTENTS, LIQUID		1 MONTH'S SUPPLY = 1		\$125.08	
E0445	KR	OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY				\$23.76	
E0445	MS	OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY		6 MONTH MAINTENANCE, BILLED AT END OF THE PERIOD. CLAIM MUST HAVE MONTH DATE SPAN.		\$712.23	
E0445	RR	OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY				\$712.39	
E0450	KR	VOLUME CONTROL VENTILATOR, W/O PRESSURE SUPPORT MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED				\$33.10	

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		W/INVASIVE INTERFACE (E.G., TRACHEOSTOMY					
E0450	MS	VOLUME CONTROL VENTILATOR, W/O PRESSURE SUPPORT MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED W/INVASIVE INTERFACE (E.G., TRACHEOSTOMY				\$1,019.95	
E0450	RR	VOLUME CONTROL VENTILATOR, W/O PRESSURE SUPPORT MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED W/INVASIVE INTERFACE (E.G., TRACHEOSTOMY				\$993.15	
E0453	KR	THERAPEUTIC VENTILATOR; SUITABLE FOR 12 HRS OR LESS PER DAY				\$26.93	
E0453	RR	THERAPEUTIC VENTILATOR; SUITABLE FOR 12 HRS OR LESS PER DAY				\$807.93	
E0455	RA	OXYGEN TENT, EXCLUDING CROUP OR PEDIATRIC TENTS				RNE	
E0455	RB	OXYGEN TENT, EXCLUDING CROUP OR PEDIATRIC TENTS				RNE	
E0457		CHEST SHELL (CUIRASS)				\$88.14	
E0457	RA	CHEST SHELL (CUIRASS)				\$88.14	
E0459		CHEST WRAP				\$58.23	
E0459	RA	CHEST WRAP				\$58.23	
E0460	KR	NEGATIVE PRESSURE VENTILATOR, PORTABLE OR STATIONARY				\$16.79	

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E0460	RR	NEGATIVE PRESSURE VENTILATOR, PORTABLE OR STATIONARY				\$503.68	
E0461	KR	VOLUME CONTROL VENTILATOR, W/O PRESSURE SUPPORT MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED W/NON-INVASIVE INTERFACE (E.G. MASK)				\$39.23	
E0461	RR	VOLUME CONTROL VENTILATOR, W/O PRESSURE SUPPORT MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED W/NON-INVASIVE INTERFACE (E.G. MASK)				\$1,177.03	
E0463	KR	PRESSURE SUPPORT VENTILATOR W/VOLUME CONTROL MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED W/INVASIVE INTERFACE (E.G. TRACHEOSTOMY)				\$158.80	
E0463	RR	PRESSURE SUPPORT VENTILATOR W/VOLUME CONTROL MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED W/INVASIVE INTERFACE (E.G. TRACHEOSTOMY)				\$1,587.99	
E0464	KR	PRESSURE SUPPORT VENTILATOR W/VOLUME CONTROL MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED W/NON-INVASIVE INTERFACE (E.G. MASK)				\$158.80	
E0464	RR	PRESSURE SUPPORT VENTILATOR W/VOLUME CONTROL MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED W/NON-INVASIVE INTERFACE (E.G. MASK)				\$1,587.99	

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E0470	KR	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, W/O BACKUP RATE FEATURE, USED W/NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL				\$9.20	
E0470	LL	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, W/O BACKUP RATE FEATURE, USED W/NONINVASIVE INTERFACE, E.G. NASAL OR FACIAL		SEE CONVERSION, RENTAL TO PURCHASE, 471 NAC 7-010.09.		RNE	
E0470	NU	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, W/O BACKUP RATE FEATURE, USED W/NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL			X	\$2,762.57	
E0470	RR	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, W/O BACKUP RATE FEATURE, USED W/NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL				\$276.25	
E0471	KR	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, W/BACK-UP RATE FEATURE, USED W/NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL				\$23.04	
E0471	RR	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, W/BACK-UP RATE FEATURE, USED W/NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL				\$691.36	
E0472	KR	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, W/BACKUP RATE FEATURE, USED W/INVASIVE INTERFACE, E.G., TRACHEOSTOMY TUBE				\$23.04	

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E0472	RR	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, W/BACKUP RATE FEATURE, USED W/INVASIVE INTERFACE, E.G., TRACHEOSTOMY TUBE				\$691.36	
E0480	KR	PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL				\$1.44	
E0480	LL	PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL		SEE CONVERSION, RENTAL TO PURCHASE, 471 NAC 7-010.09.		RNE	
E0480	NU	PERCUSSOR,ELEC OR PNEUMATIC, HOME MODEL			X	\$434.19	
E0480	RB	PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL				\$434.19	
E0480	RR	PERCUSSOR,ELEC OR PNEUMATIC, HOME MODEL				\$43.41	
E0482	KR	COUGH STIMULATING DEVICE, ALTERNATING POSITIVE & NEGATIVE AIRWAY PRESSURE				\$15.43	
E0482	NU	COUGH STIMULATING DEVICE, ALTERNATING POSITIVE & NEGATIVE AIRWAY PRESSURE			X	\$4,629.62	
E0482	RR	COUGH STIMULATING DEVICE, ALTERNATING POSITIVE & NEGATIVE AIRWAY PRESSURE				\$462.96	
E0483	LL	HIGH FREQUENCY CHEST WALL OSCILLATION AIR-PULSE GENERATOR SYSTEM, (INCLUDES HOSES & VEST)	X	SEE CONVERSION, RENTAL TO PURCHASE, 471 NAC 7-010.09.		RNE	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
E0483	RR	HIGH FREQUENCY CHEST WALL OSCILLATION AIR-PULSE GENERATOR SYSTEM, (INCLUDES HOSES & VEST)	X	EACH, PA REQUIRED EXCEPT FOR IN A NF/ICF-DD. COVERED ONLY BY EXCEPTION, 3 MONTH TRIAL PERIOD. NEW PA REQUIRED FOR PAID UP LEASE.		\$1,045.89	
E0484	KR	OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE, NON-ELECTRIC, ANY TYPE		EACH		\$0.13	
E0484	NU	OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE, NON-ELECTRIC, ANY TYPE		EACH		\$39.74	
E0484	RR	OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE, NON-ELECTRIC, ANY TYPE		EACH		\$3.97	
E0485	KR	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT		SNORNING MOUTH DEVICES ARE NOT COVERED. DIRECT QUESTIONS TO PROGRAM SPECIALIST.		RNE	
E0485	NU	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT		SNORNING MOUTH DEVICES ARE NOT COVERED. DIRECT QUESTIONS TO PROGRAM SPECIALIST.	X	RNE	
E0485	RR	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT		SNORNING MOUTH DEVICES ARE NOT COVERED. DIRECT QUESTIONS TO PROGRAM SPECIALIST.		RNE	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
E0486	KR	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, CUSTOM FABRICATED, INCLUDES FITTING & ADJUSTME		SNORNING MOUTH DEVICES ARE NOT COVERED. DIRECT QUESTIONS TO PROGRAM SPECIALIST.		RNE	
E0486	NU	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, CUSTOM FABRICATED, INCLUDES FITTING & ADJUSTME		SNORNING MOUTH DEVICES ARE NOT COVERED. DIRECT QUESTIONS TO PROGRAM SPECIALIST.	X	RNE	
E0486	RR	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, CUSTOM FABRICATED, INCLUDES FITTING & ADJUSTME		SNORNING MOUTH DEVICES ARE NOT COVERED. DIRECT QUESTIONS TO PROGRAM SPECIALIST.		RNE	
E0487	KR	SPIROMETER, ELECTRONIC, INCLUDES ALL ACCESSORIES				RNE	
E0487	NU	SPIROMETER, ELECTRONIC, INCLUDES ALL ACCESSORIES			X	RNE	
E0487	RR	SPIROMETER, ELECTRONIC, INCLUDES ALL ACCESSORIES				RNE	
		IPPB MACHINES, DME					
E0500	KR	IPPB MACHINE				\$3.93	
E0500	LL	IPPB MACHINE, ALL TYPES, W/BUILT-IN NEBULIZATION; MANUAL OR AUTO VALV		SEE CONVERSION, RENTAL TO PURCHASE, 471 NAC 7-010.09.		RNE	
E0500	NU	IPPB MACHINE			X	\$1,181.79	
E0500	RR	IPPB MACHINE				\$118.17	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
		HUMIDIFIERS/COMPRESSORS/NEBULIZERS, DME					
E0550	RA	HUMIDIFIER, DURABLE FOR EXT SUPP HUMID IPPB TRTMENTS OR OXY DELIVERY			X	\$944.40	
E0550	RB	HUMIDIFIER, DURABLE FOR EXT SUPP HUMID IPPB TRTMENTS OR OXY DELIVERY			X	\$944.40	
E0555	RB	HUMIDIFIER, DURABLE, GLASS OR ATUO PLASTIC, BOTTLE TYPE W/REG OR FLOWMET				\$2.43	
E0560	RA	HUMID, DURABLE FOR SUPP HUMID DURING IPPB OR OXYGEN DELIVERY			X	\$173.61	
E0561	KR	HUMIDIFIER, NON-HEATED, USED W/POSITIVE AIRWAY PRESSURE DEVICE				\$0.38	
E0561	NU	HUMIDIFIER, NON-HEATED, USED W/POSITIVE AIRWAY PRESSURE DEVICE			X	\$115.19	
E0561	RA	HUMIDIFIER, NON-HEATED, USED W/POSITIVE AIRWAY PRESSURE DEVICE			X	\$115.19	
E0561	RB	HUMIDIFIER, NON-HEATED, USED W/POSITIVE AIRWAY PRESSURE DEVICE				\$115.19	
E0561	RR	HUMIDIFIER, NON-HEATED, USED W/POSITIVE AIRWAY PRESSURE DEVICE				\$11.50	
E0562	KR	HUMIDIFIER, HEATED, USED W/POSITIVE AIRWAY PRESSURE DEVICE				\$1.08	
E0562	NU	HUMIDIFIER, HEATED, USED W/POSITIVE AIRWAY PRESSURE DEVICE			X	\$324.29	
E0562	RR	HUMIDIFIER, HEATED, USED W/POSITIVE AIRWAY PRESSURE DEVICE				\$32.41	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
E0565	KR	COMP, AIR POWER SOURCE FOR EQUIP NOT SELF CONT OR CYLINDER DRIVE				\$2.18	
E0565	MS	COMP, AIR POWER SOURCE FOR EQUIP NOT SELF CONT OR CYLINDER DRIVE				\$78.70	
E0565	RR	COMP, AIR POWER SOURCE FOR EQUIP NOT SELF CONT OR CYLINDER DRIVE				\$65.68	
E0570	KR	NEBULIZER W/COMPRESSOR				\$0.57	
E0570	LL	NEBULIZER W/COMPRESSOR		SEE CONVERSION, RENTAL TO PURCHASE, 471 NAC 7-010.09.	X	RNE	
E0570	NU	NEBULIZER W/COMPRESSOR			X	\$173.44	
E0570	RR	NEBULIZER W/COMPRESSOR				\$17.34	
E0570	UE	NEBULIZER, W/COMPRESSOR			X	\$167.47	
E0572	KR	AEROSOL COMPRESSOR, ADJUSTABLE PRESSURE, LIGHT DUTY FOR INTERMITTENT USE				\$1.36	
E0572	NU	AEROSOL COMPRESSOR, ADJUSTABLE PRESSURE, LIGHT DUTY FOR INTERMITTENT USE			X	\$410.07	
E0572	RR	AEROSOL COMPRESSOR, ADJUSTABLE PRESSURE, LIGHT DUTY FOR INTERMITTENT USE				\$41.00	
E0574	KR	ULTRASONIC/ELECTRONIC AEROSOL GENERATOR W/SMALL VOLUME NEBULIZER				\$1.44	
E0574	NU	ULTRASONIC/ELECTRONIC AEROSOL GENERATOR W/SMALL VOLUME NEBULIZER			X	\$433.44	

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E0574	RR	ULTRASONIC/ELECTRONIC AEROSOL GENERATOR W/SMALL VOLUME NEBULIZER				\$43.34	
E0575	KR	NEBULIZER, ULTRASONIC, LARGE VOLUME				\$3.13	
E0575	NU	NEBULIZER, ULTRASONIC, LARGE VOLUME			X	\$940.52	
E0575	RR	NEBULIZER, ULTRASONIC, LARGE VOLUME				\$94.05	
E0580	RA	NEBULIZER, DURABLE, GLASS OR AUTO PLASTIC, BOTTLE TYPE W/REG OR FLOW				\$4.72	
E0580	RB	NEBULIZER, DURABLE, GLASS OR AUTO PLASTIC, BOTTLE TYPE W/REG OR FLOW				\$127.93	
E0585	KR	NEBULIZER,W/COMPRESSOR & HEATER				\$1.06	
E0585	NU	NEBULIZER,W/COMPRESSOR & HEATER			X	\$320.93	
E0585	RR	NEBULIZER,W/COMPRESSOR & HEATER				\$32.09	
		PUMPS & VAPORIZORS, DME					
E0600	KR	RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC				\$1.48	
E0600	LL	RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC		SEE CONVERSION, RENTAL TO PURCHASE., 471 NAC 7-010.09.	X	RNE	
E0600	NU	RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC			X	\$444.31	
E0600	RR	RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC				\$44.43	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
E0600	UE	RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC			X	\$341.77	
E0601	KR	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE				\$4.00	
E0601	LL	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE		SEE CONVERSION, RENTAL TO PURCHASE, 471 NAC 7-010.09.	X	RNE	
E0601	NU	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE			X	\$1,202.67	
E0601	RR	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE				\$120.26	
E0604	KR	BREAST PUMP, HOSPITAL GRADE, ELECTRIC (AC &/OR DC), ANY TYPE		SEE PROVIDER BULLETIN 10-55 & 13-45		\$2.47	
E0604	RR	BREAST PUMP, HOSPITAL GRADE, ELECTRIC (AC &/OR DC), ANY TYPE		SEE PROVIDER BULLETIN 10-55 & 13-45		\$73.97	
E0605	KR	VAPORIZER, ROOM TYPE				\$0.11	
E0605	NU	VAPORIZER, ROOM TYPE				\$28.45	
E0605	RR	VAPORIZER, ROOM TYPE				\$3.30	
E0606	KR	POSTURAL DRAINAGE BOARD				\$0.82	
E0606	NU	POSTURAL DRAINAGE BOARD			X	\$246.97	
E0606	RR	POSTURAL DRAINAGE BOARD				\$24.69	
		MONITORING DEVICES, DME					
E0607	KR	HM BLOOD GLUCOSE MONITOR				\$0.23	
E0607	NU	HM BLOOD GLUCOSE MONITOR			X	\$71.93	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
E0607	RR	HM BLOOD GLUCOSE MONITOR				\$7.19	
E0610	KR	PACEMAKER MONITOR, SELF CONTAINED				\$0.90	
E0610	NU	PACEMAKER MONITOR, SELF CONTAINED			X	\$256.08	
E0610	RR	PACEMAKER MONITOR, SELF CONTAINED				\$27.01	
E0615	KR	PACEMAKER MONITOR, SELF CONTAINED				\$1.78	
E0615	NU	PACEMAKER MONITOR, SELF CONTAINED			X	\$510.36	
E0615	RR	PACEMAKER MONITOR, SELF CONTAINED				\$53.53	
E0617	KR	EXTERNAL DEFIBRILLATOR W/INTEGRATED ELECTROCARDIOGRAM ANALYSIS				\$10.91	
E0617	NU	EXTERNAL DEFIBRILLATOR W/INTEGRATED ELECTROCARDIOGRAM ANALYSIS			X	\$3,273.42	
E0617	RR	EXTERNAL DEFIBRILLATOR W/INTEGRATED ELECTROCARDIOGRAM ANALYSIS				\$327.34	
E0618	KR	APNEA MONITOR, W/O RECORDING FEATURE		MAX AGE 1		\$9.25	
E0618	MS	APNEA MONITOR		MAX AGE 1 CLAIM NEEDS 6 MONTH DATE SPAN		\$306.93	
E0618	RR	APNEA MONITOR, W/O RECORDING FEATURE		MAX AGE 1		\$277.77	
		PATIENT LIFTS, DME					
E0621	NU	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON			X	\$103.34	
E0621	RB	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON			X	\$103.34	

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E0625	KR	PATIENT LIFT, BATHROOM OR TOILET, NOT OTHERWISE CLASSIFIED	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$4.20	
E0625	NU	PATIENT LIFT, BATHROOM OR TOILET, NOT OTHERWISE CLASSIFIED	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	RNE	
E0625	RR	PATIENT LIFT, BATHROOM OR TOILET, NOT OTHERWISE CLASSIFIED	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$125.92	
E0627	KR	SEAT LIFT MECHANISM INCORP COMBINATION LIFT CHAIR MECHANISM	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$3.57	
E0627	NU	SEAT LIFT MECHANISM INCORP COMBINATION LIFT CHAIR MECHANISM	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$1,073.46	
E0627	RR	SEAT LIFT MECHANISM INCORP COMBINATION LIFT CHAIR MECHANISM	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$107.34	
E0627	UE	SEAT LIFT MECHANISM INCORP COMB LIFT CHAIR MECHANISM	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$805.10	
E0627	22	SEAT LIFT MECHANISM INCORP COMBINATION LIFT CHR MECHANISM	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD HEAVY DUTY SEAT LIFT CHAIR ONLY		RNE	
E0627	52	SEAT LIFT CHAIR - FURNITURE PIECE, WHEN MEDICARE HAS PAID MECHANISM		CROSSOVER FROM MEDICARE PAYMENT	X	\$626.53	
E0628	KR	SEPARATE SEAT LIFT MECHANISM W PATIENT OWNED FURITURE-ELEC	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$1.18	
E0628	NU	SEPARATE SEAT LIFT MECHANISM W PATIENT OWNED FURNITURE-ELEC	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$355.51	
E0628	RR	SEPARATE SEAT LIFT MECHANISM W PATIENT OWNED FURNITURE-ELEC	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$35.56	

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E0629	KR	SEPARATE SEAT LIFT MECHANISM W PATIENT OWNED FURNITURE-NON ELEC	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$1.18	
E0629	NU	SEPARATE SEAT LIFT MECHANISM W PATIENT OWNED FURNITURE-NON ELEC	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$355.51	
E0629	RR	SEPARATE SEAT LIFT MECHANISM W PATIENT OWNED FURNITURE-NON ELEC	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$35.56	
E0630	KR	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S)				\$3.65	
E0630	NU	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S)			X	\$1,096.95	
E0630	RR	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S)				\$109.69	
E0635	KR	PATIENT LIFT, ELEC, W/SEAT OR SLING				\$4.02	
E0635	NU	PATIENT LIFT, ELEC, W/SEAT OR SLING			X	\$1,208.81	
E0635	RR	PATIENT LIFT, ELEC, W/SEAT OR SLING				\$120.88	
E0636	KR	MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, W/INTEGRATED LIFT, PATIENT ACCESSIBLE CONTROLS				\$37.84	
E0636	NU	MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, W/INTEGRATED LIFT, PATIENT ACCESSIBLE CONTROLS			X	\$11,353.47	
E0636	RR	MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, W/INTEGRATED LIFT, PATIENT ACCESSIBLE CONTROLS				\$1,135.34	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
E0637	KR	COMBINATION SIT TO STAND SYSTEM, ANY SIZE INCLUDING PEDIATRIC, W/SEATLIFT FEATURE, W/OR W/O WHEELS				RNE	
E0637	NU	COMBINATION SIT TO STAND SYSTEM, ANY SIZE INCLUDING PEDIATRIC, W/SEATLIFT FEATURE, W/OR W/O WHEELS			X	RNE	
E0637	RR	COMBINATION SIT TO STAND SYSTEM, ANY SIZE INCLUDING PEDIATRIC, W/SEATLIFT FEATURE, W/OR W/O WHEELS				RNE	
E0638	KR	STANDING FRAME SYSTEM, ONE POSITION (E.G. UPRIGHT, SUPINE OR PRONE STANDER), ANY SIZE INCLUDING PEDIATRIC, W/OR W/O WHEELS				RNE	
E0638	NU	STANDING FRAME SYSTEM, ONE POSITION (E.G. UPRIGHT, SUPINE OR PRONE STANDER), ANY SIZE INCLUDING PEDIATRIC, W/OR W/O WHEELS			X	RNE	
E0638	RR	STANDING FRAME SYSTEM, ONE POSITION (E.G. UPRIGHT, SUPINE OR PRONE STANDER), ANY SIZE INCLUDING PEDIATRIC, W/OR W/O WHEELS				RNE	
E0639	KR	PATIENT LIFT, MOVEABLE FROM ROOM TO ROOM W/DISASSEMBLY & REASSEMBLY, INCLUDES ALL COMPONENTS/ACCESSORIES				RNE	
E0639	NU	PATIENT LIFT, MOVEABLE FROM ROOM TO ROOM W/DISASSEMBLY & REASSEMBLY, INCLUDES ALL COMPONENTS/ACCESSORIES			X	RNE	
E0639	RR	PATIENT LIFT, MOVEABLE FROM ROOM TO ROOM W/DISASSEMBLY & REASSEMBLY, INCLUDES ALL COMPONENTS/ACCESSORIES				RNE	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
E0640	52	PATIENT LIFT, FIXED SYSTEM, INCLUDES ALL COMPONENTS/ACCESSORIES (ACCOMPANYING BRACKETS, SWITCH, ACCESSORIES & TWO SLINGS/BODY SUPPORTS)	X	ANOTHER ENTITY IS PROVIDING THE HOME MODIFICATIONS		RNE	
E0641	KR	STANDING FRAME SYSTEM, MULTI-POSITION (E.G. THREE-WAY STANDER), ANY SIZE INCLUDING PEDIATRIC, W/OR W/OUT WHEELS				RNE	
E0641	NU	STANDING FRAME SYSTEM, MULTI-POSITION (E.G. THREE-WAY STANDER), ANY SIZE INCLUDING PEDIATRIC, W/OR W/O WHEELS			X	RNE	
E0641	RR	STANDING FRAME SYSTEM, MULTI-POSITION (E.G. THREE-WAY STANDER), ANY SIZE INCLUDING PEDIATRIC, W/OR W/O WHEELS				RNE	
E0642	KR	STANDING FRAME SYSTEM, MOBILE (DYNAMIC STANDER), ANY SIZE INCLUDING PEDIATRIC				RNE	
E0642	NU	STANDING FRAME SYSTEM, MOBILE (DYNAMIC STANDER), ANY SIZE INCLUDING PEDIATRIC			X	RNE	
E0642	RR	STANDING FRAME SYSTEM, MOBILE (DYNAMIC STANDER), ANY SIZE INCLUDING PEDIATRIC				RNE	
		COMPRESSION DEVICES, DME					
E0650	KR	PNEUMATIC COMPRESSOR, NON SEGMENTAL HOME MODEL				\$2.89	
E0650	NU	PNEUMATIC COMPRESSOR, NON SEGMENTAL HOME MODEL			X	\$775.39	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
E0650	RR	PNEUMATIC COMPRESSOR, NON SEGMENTAL HOME MODEL				\$86.80	
E0650	22	PNEUMATIC COMPRESSOR, NON SEGMENTAL HOME MODEL			X	RNE	
E0651	KR	PNEUMATIC COMP, SEGMENTAL HOME MODEL W/O CALIBRATED GRADIENT PRESSURE				\$2.86	
E0651	NU	PNEUMATIC COMP, SEGMENTAL HOME MODEL W/O CALIBRATED GRADIENT PRESSURE			X	\$840.46	
E0651	RR	PNEUMATIC COMP, SEGMENTAL HOME MODEL W/O CALIBRATED GRADIENT PRESSURE				\$85.85	
E0652	KR	PNEUMATIC COMP, SEGMENTAL HOME MODEL W/CALIBRATED GRADIENT PRESSURE				\$18.80	
E0652	NU	PNEUMATIC COMP, SEGMENTAL HOME MODEL W/CALIBRATED GRADIENT PRESSURE			X	\$5,707.58	
E0652	RR	PNEUMATIC COMP, SEGMENTAL HOME MODEL W CALIBRATED GRADIENT PRESSURE				\$564.08	
E0655	KR	NON-SEGMENTAL PNEUMATIC APPL W/PNEUMATIC COMP, HALF ARM				\$0.45	
E0655	NU	NON-SEGMENTAL PNEUMATIC APPL W/PNEUMATIC COMPRESSOR, HALF ARM			X	\$116.18	
E0655	RR	NON-SEGMENTAL PNEUMATIC APPL W/PNEUMATIC COMP, HALF ARM				\$13.65	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
E0656	KR	SEGMENTAL PNEUMATIC APPLIANCE FOR USE W/PNEUMATIC COMPRESSOR, TRUNK				\$2.06	
E0656	NU	SEGMENTAL PNEUMATIC APPLIANCE FOR USE W/PNEUMATIC COMPRESSOR, TRUNK				\$661.73	
E0656	RR	SEGMENTAL PNEUMATIC APPLIANCE FOR USE W/PNEUMATIC COMPRESSOR, TRUNK				\$66.16	
E0657	KR	SEGMENTAL PNEUMATIC APPLIANCE FOR USE W/PNEUMATIC COMPRESSOR, CHEST			RNE		
E0657	NU	SEGMENTAL PNEUMATIC APPLIANCE FOR USE W/PNEUMATIC COMPRESSOR, CHEST				\$621.67	
E0657	RR	SEGMENTAL PNEUMATIC APPLIANCE FOR USE W/PNEUMATIC COMPRESSOR, CHEST				\$62.17	
E0660	KR	NON-SEGMENTAL PNEUMATIC APPL W/PNEUMATIC COMP, FULL LEG				\$0.59	
E0660	NU	NON-SEGMENTAL PNEUMATIC, APPLIANCE FOR USE W/PNEUMATIC COMPRESSOR				\$171.98	
E0660	RR	NON-SEGMENTAL PNEUMATIC APPL W/PNEUMATIC COMP, FULL LEG				\$17.90	
E0665	KR	NON-SEGMENTAL PNEUMATIC APPL W/PNEUMATIC COMP, FULL ARM				\$0.50	
E0665	NU	NON-SEGMENTAL PNEUMATIC APPL W/PNEUMATIC COMP, FULL ARM				\$147.48	
E0665	RR	NON-SEGMENTAL PNEUMATIC APPL W/PNEUMATIC COMP, FULL ARM				\$15.14	
E0666	KR	NON-SEGMENTAL PNEUMATIC APPL W/PNEUMATIC COMP, HALF LEG				\$0.48	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
E0666	NU	NON-SEGMENTAL PNEUMATIC APPL W/PNEUMATIC COMMP, HALF LEG				\$144.67	
E0666	RR	NON-SEGMENTAL PNEUMATIC APPL W/PNEUMATIC COMP, HALF LEG				\$14.45	
E0667	KR	SEGMENTAL PNEUMATIC APPL W/PNEUMATIC COMP, FULL LEG				\$1.11	
E0667	NU	SEGMENTAL PNEUMATIC APPL FOR USE W/PNEUMATIC COMPRESSOR, FULL LEG				\$296.28	
E0667	RR	SEGMENTAL PNEUMATIC APPL W/PNEUMATIC COMP, FULL LEG				\$33.46	
E0668	KR	SEGMENTAL PNEUMATIC APPL W/PNEUMATIC COMP, FULL ARM				\$1.33	
E0668	NU	SEGMENTAL PNEUMATIC APPL W/PNEUMATIC COMP, FULL ARM				\$404.37	
E0668	RR	SEGMENTAL PNEUMATIC APPL W/PNEUMATIC COMP, FULL ARM				\$39.90	
E0669	KR	SEGMENTAL PNEUMATIC APPL W/PNEUMATIC COMP, HALF LEG				\$0.65	
E0669	NU	SEGMENTAL PNEUMATIC APPL W/PNEUMATIC COMP, HALF LEG				\$197.35	
E0669	RR	SEGMENTAL PNEUMATIC APPL W/PNEUMATIC COMP, HALF LEG				\$19.74	
E0670	KR	SEGMENTAL PNEUMATIC APPLIANCE FOR USE W/PNEUMATIC COMPRESSOR, INTEGRATED, 2 FUL LEGS & TRUNK				RNE	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
E0670	NU	SEGMENTAL PNEUMATIC APPLIANCE FOR USE W/PNEUMATIC COMPRESSOR, INTEGRATED, 2 FUL LEGS & TRUNK				RNE	
E0670	RR	SEGMENTAL PNEUMATIC APPLIANCE FOR USE W/PNEUMATIC COMPRESSOR, INTEGRATED, 2 FUL LEGS & TRUNK				RNE	
E0671	KR	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPL, FULL LEG				\$1.49	
E0671	NU	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPL, FULL LEG				\$447.16	
E0671	RR	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPL, FULL LEG				\$44.72	
E0672	KR	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPL, FULL ARM				\$1.15	
E0672	NU	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPL, FULL ARM				\$347.45	
E0672	RR	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPL, FULL ARM				\$34.75	
E0673	KR	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPL, HALF LEG				\$0.96	
E0673	NU	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPL, HALF LEG				\$288.71	
E0673	RR	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPL, HALF LEG				\$28.87	
E0675	KR	PNEUMATIC COMPRESSION DEVICE, HIGH PRESSURE, RAPID INFLATION/DEFLATION CYCLE, FOR ARTERIAL INSUFFICIENCY (UNILATERAL OR BILATERAL SYSTEM)				\$13.80	

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E0675	NU	PNEUMATIC COMPRESSION DEVICE, HIGH PRESSURE, RAPID INFLATION/DEFLATION CYCLE, FOR ARTERIAL INSUFFICIENCY (UNILATERAL OR BILATERAL SYSTEM)			X	\$4,140.09	
E0675	RR	PNEUMATIC COMPRESSION DEVICE, HIGH PRESSURE, RAPID INFLATION/DEFLATION CYCLE, FOR ARTERIAL INSUFFICIENCY (UNILATERAL OR BILATERAL SYSTEM)				\$414.00	
		ULTRAVIOLET LIGHT, DME					
E0691	KR	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER & EYE PROTECTION; TREATMENT AREA 2 SQUARE FEET OR LESS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$3.22	
E0691	NU	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER & EYE PROTECTION; TREATMENT AREA 2 SQUARE FEET OR LESS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$967.42	
E0691	RR	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER & EYE PROTECTION; TREATMENT AREA 2 SQUARE FEET OR LESS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$96.74	
E0692	KR	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER & EYE PROTECTION, 4 FOOT PANEL	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$4.04	
E0692	NU	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER & EYE PROTECTION, 4 FOOT PANEL	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$1,214.81	
E0692	RR	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER & EYE PROTECTION, 4 FOOT PANEL	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$121.47	

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E0693	KR	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER & EYE PROTECTION, 6 FOOT PANEL	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$4.99	
E0693	NU	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER & EYE PROTECTION, 6 FOOT PANEL	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$1,497.53	
E0693	RR	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER & EYE PROTECTION, 6 FOOT PANEL	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$149.75	
E0694	KR	ULTRAVIOLET MULTIDIRECTIONAL LIGHT THERAPY SYSTEM IN 6 FOOT CABINET, INCLUDES BULBS/LAMPS, TIMER & EYE PROTECTION	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$15.88	
E0694	NU	ULTRAVIOLET MULTIDIRECTIONAL LIGHT THERAPY SYSTEM IN 6 FOOT CABINET, INCLUDES BULBS/LAMPS, TIMER & EYE PROTECTION	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$4,766.50	
E0694	RR	ULTRAVIOLET MULTIDIRECTIONAL LIGHT THERAPY SYSTEM IN 6 FOOT CABINET, INCLUDES BULBS/LAMPS, TIMER & EYE PROTECTION	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$476.64	
		SAFETY EQUIPMENT, DME					
E0705	KR	TRANSFER DEVICE, ANY TYPE		EACH, PIVOT DISC NOT COVERED		\$0.17	
E0705	NU	TRANSFER DEVICE, ANY TYPE		EACH, PIVOT DISC NOT COVERED		\$50.43	
E0705	RR	TRANSFER DEVICE, ANY TYPE		EACH, PIVOT DISC NOT COVERED		\$5.13	
		NERVE STIMULATORS & DEVICES, DME					

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
E0720	KR	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$1.31	
E0720	LL	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD, SEE CONVERSION RENTAL TO PURCHASE, 471 NAC 7-010.09.	X	RNE	
E0720	NU	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$395.73	
E0720	RR	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$39.57	
E0720	UE	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$330.54	
E0730	KR	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$1.30	
E0730	LL	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD, SEE CONVERSION RENTAL TO PURCHASE, 471 NAC 7-010.09.	X	RNE	
E0730	NU	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$390.58	
E0730	RR	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$39.05	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
		MORE LEADS, FOR MULTIPLE NERVE STIMULATION					
E0730	UE	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$377.76	
E0731	RA	FORM FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS OR NMES			X	\$382.48	
E0740	KR	INCONTINENCE TREATMENT SYSTEM, PELVIC FLOOR STIMULATOR, MONITOR, SENSOR				\$1.87	
E0740	NU	INCONTINENCE TREATMENT SYSTEM, PELVIC FLOOR STIMULATOR, MONITOR, SENSOR SEND CLAIM TO MEDICAL SERVICES			X	\$562.92	
E0740	RR	INCONTINENCE TREATMENT SYSTEM, PELVIC FLOOR STIMULATOR, MONITOR, SENSOR SEND CLAIM TO MEDICAL SERVICES				\$56.29	
E0745	KR	NEUROMUSCULAR STIMULATOR, ELECTRONIC SHOCK UNIT				\$3.21	
E0745	LL	NEUROMUSCULAR STIMULATOR, ELECTRONIC SHOCK UNIT		SEE CONVERSION, RENTAL TO PURCHASE, 471 NAC 7-010.09.	X	RNE	
E0745	NU	NEUROMUSCULAR STIMULATOR,ELEC SHOCK UNIT			X	\$963.67	
E0745	RR	NEUROMUSCULAR STIMULATOR,ELEC SHOCK UNIT				\$96.36	

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E0745	UE	NEUROMUSCULAR STIMULATOR, ELECT SHOCK UNIT			X	\$787.78	
E0746	KR	ELECTROMYOGRAPHY (EMG),BIOFEEDBACK DEVICE				RNE	
E0746	NU	ELECTROMYOGRAPHY (EMG),BIOFEEDBACK DEVICE			X	RNE	
E0746	RR	ELECTROMYOGRAPHY (EMG),BIOFEEDBACK DEVICE				RNE	
E0747	KR	OSTEOGENESIS STIMULATOR,ELEC,NON INVASIVE,OTHER THAN SPINAL APPL				\$13.92	
E0747	NU	OSTEOGENESIS STIM, ELEC,NON-INVASIVE,OTHER THAN SPINAL APPL			X	\$4,176.66	
E0747	RR	OSTEOGENESIS STIMULATOR,ELEC,NON INVASIVE,OTHER THAN SPINAL APPL				\$417.64	
E0748	KR	OSTEOGENIC STIMULATOR, SPINAL APPLICATIONS				\$13.96	
E0748	NU	OSTEOGENIC STIMULATOR, SPINAL APPLICATIONS			X	\$4,188.75	
E0748	RA	OSTEOGENIC STIMULATOR, SPINAL APPLICATIONS				RNE	
E0748	RB	OSTEOGENIC STIMULATOR, SPINAL APPLICATIONS				RNE	
E0748	RR	OSTEOGENIC STIMULATOR, SPINAL APPLICATIONS				\$418.87	
E0755		ELECTRONIC SALIVARY REFLEX			X	RNE	

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E0760	KR	OSTEOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NON-INVASIVE				\$11.60	
E0760	RR	OSTEOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NONINVASIVE				\$348.08	
E0765	KR	FDA APPROVED NERVE STIMULATOR, W/REPLACEABLE BATTERIES, FOR TREATMENT OF NAUSEA & VOMITING				\$0.30	
E0765	NU	FDA APPROVED NERVE STIMULATOR, W/REPLACEABLE BATTERIES, FOR TREATMENT OF NAUSEA & VOMITING			X	\$90.57	
E0765	RR	FDA APPROVED NERVE STIMULATOR, W/REPLACEABLE BATTERIES, FOR TREATMENT OF NAUSEA & VOMITING				\$9.07	
E0766	KR	ELECTRICAL STIMULATION DEVICE USED FOR CANCER TREATMENT, INCLUDES ALL ACCESSORIES, ANY TYPE				RNE	
E0766	NU	ELECTRICAL STIMULATION DEVICE USED FOR CANCER TREATMENT, INCLUDES ALL ACCESSORIES, ANY TYPE				RNE	
E0766	RR	ELECTRICAL STIMULATION DEVICE USED FOR CANCER TREATMENT, INCLUDES ALL ACCESSORIES, ANY TYPE				RNE	
E0770		FUNCTIONAL ELECTRICAL STIMULATOR, TRANSCUTANEOUS STIMULATION OF NERVE &/OR MUSCLE GROUPS, ANY TYPE, COMPLETE SYSTEM, NOT OTHERWISE SPECIFIED	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	

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		INFUSION SUPPLIES, DME					
E0776	KR	IV POLE				\$0.56	
E0776	NU	IV POLE			X	\$131.01	
E0776	RR	IV POLE				\$17.06	
E0779	KR	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION 8 HOURS OR GREATER				\$0.60	
E0779	NU	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION 8 HOURS OR GREATER			X	\$180.11	
E0779	RR	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION 8 HOURS OR GREATER				\$18.01	
E0780	KR	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION LESS THAN 8 HOURS				\$0.03	
E0780	NU	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION LESS THAN 8 HOURS				\$11.16	
E0780	RR	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION LESS THAN 8 HOURS				\$1.11	
E0781	KR	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, W/ADMINISTRATIVE EQUIPMENT WORN BY PATIENT				\$9.50	

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E0781	NU	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, W/ADMINISTRATIVE EQUIPMENT WORN BY PATIENT			X	\$2,851.60	
E0781	RR	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, W/ADMINISTRATIVE EQUIPMENT WORN BY PATIENT				\$285.16	
E0784	NU	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$4,557.06	
E0791	KR	PARENTERAL INFUSION PUMP, STATIONARY, SGL OR MULTI CHANNEL				\$11.34	
E0791	NU	PARENTERAL INFUSION PUMP, STATIONARY, SGL OR MULTI CHANNEL			X	\$3,404.23	
E0791	RR	PARENTERAL INFUSION PUMP, STATIONARY, SGL OR MULTI CHANNEL				\$340.42	
		TRACTION EQUIPMENT, DME					
E0830	KR	AMBULATORY TRACTION DEVICE, ALL TYPES		EACH		RNE	
E0830	NU	AMBULATORY TRACTION DEVICE, ALL TYPES		EACH	X	RNE	
E0830	RR	AMBULATORY TRACTION DEVICE, ALL TYPES		EACH		RNE	
E0840	KR	TRACTION FRAME, ATTACHED TO HEADBOARD, CERVICAL TRACTION				\$0.49	
E0840	NU	TRACTION FRAME, ATTACHED TO HEADBOARD, CERVICAL TRACTION			X	\$78.89	
E0840	RR	TRACTION FRAME, ATTACHED TO HEADBOARD, CERVICAL TRACTION				\$14.93	

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E0849	KR	TRACTION EQUIPMENT, CERVICAL, FREE-STANDING STAND/FRAME, PNEUMATIC, APPLYING TRACTION FORCE TO OTHER THAN MANDIBLE				\$1.84	
E0849	NU	TRACTION EQUIPMENT, CERVICAL, FREE-STANDING STAND/FRAME, PNEUMATIC, APPLYING TRACTION FORCE TO OTHER THAN MANDIBLE			X	\$554.78	
E0849	RR	TRACTION EQUIPMENT, CERVICAL, FREE-STANDING STAND/FRAME, PNEUMATIC, APPLYING TRACTION FORCE TO OTHER THAN MANDIBLE				\$55.47	
E0850	KR	TRACTION FRAME, FREE STANDING, CERVICAL TRACTION				\$0.51	
E0850	NU	TRACTION FRAME, FREE STANDING, CERVICAL TRACTION			X	\$96.14	
E0850	RR	TRACTION FRAME, FREE STANDING, CERVICAL TRACTION				\$15.53	
E0855	KR	CERVICAL TRACTION EQUIPMENT NOT REQUIRING ADDITIONAL STAND OR FRAME				\$1.77	
E0855	NU	CERVICAL TRACTION EQUIPMENT NOT REQUIRING ADDITIONAL STAND OR FRAME			X	\$532.08	
E0855	RR	CERVICAL TRACTION EQUIPMENT NOT REQUIRING ADDITIONAL STAND OR FRAME				\$53.22	
E0855	UE	CERVICAL TRACTION EQUIPMENT NOT REQUIRING ADDITIONAL STAND OR FRAME			X	\$451.31	
E0856	KR	CERVICAL TRACTION DEVICE, W/INFLATABLE AIR BLADDERS(S)				RNE	

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E0856	NU	CERVICAL TRACTION DEVICE, W/INFLATABLE AIR BLADDER(S)				RNE	
E0856	RR	CERVICAL TRACTION DEVICE, W/INFLATABLE AIR BLADDER(S)				RNE	
E0860	KR	TRACTION EQUIPT, OVERDOOR, CERVICAL				\$0.19	
E0860	NU	TRACTION EQUIPT, OVERDOOR, CERVICAL				\$36.18	
E0860	RR	TRACTION EQUIPT, OVERDOOR, CERVICAL				\$5.95	
E0870	KR	TRACTION FRAME, ATTACHED TO FOOTBOARD, EXTREMITY TRACTION (E.G. BUCK'S)				\$0.46	
E0870	NU	TRACTION FRAME, ATTACHED TO FOOTBOARD, EXTREMITY TRACTION (E.G. BUCK'S)			X	\$125.22	
E0870	RR	TRACTION FRAME, ATTACHED TO FOOTBOARD, EXTREMITY TRACTION (E.G. BUCK'S)				\$13.92	
E0880	KR	TRACTION STAND, FREE STANDING, EXTREMITY TRACTION (E.G. BUCK'S)				\$0.60	
E0880	NU	TRACTION STAND, FREE STANDING, EXTREMITY TRACTION (E.G. BUCK'S)			X	\$135.15	
E0880	RR	TRACTION STAND, FREE STANDING, EXTREMITY TRACTION (E.G. BUCK'S)				\$18.03	
E0890	KR	TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION				\$1.00	
E0890	NU	TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION			X	\$129.63	

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E0890	RR	TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION				\$30.04	
E0900	KR	TRACTION STAND, FREE STANDING, PELVIC TRACTION (E.G. BUCK'S)				\$0.84	
E0900	NU	TRACTION STAND, FREE STANDING, PELVIC TRACTION (E.G. BUCK'S)			X	\$117.24	
E0900	RR	TRACTION STAND, FREE STANDING, PELVIC TRACTION (E.G. BUCK'S)				\$25.27	
		ORTHOPEDIC DEVICES, DME					
E0910	KR	TRAPEZE BAR, A.K.A. PAT HELPER, ATTACHED TO BED, COMPLETE W/GRAB BAR				\$0.71	
E0910	NU	TRAPEZE BAR, A.K.A. PAT HELPER, ATTACHED TO BED, COMPLETE W/GRAB BAR			X	\$215.32	
E0910	RA	TRAPEZE BAR, A.K.A. PATIENT HELPER ATTACHED TO BED COMPLETE W/GRAB BAR			X	\$215.32	
E0910	RR	TRAPEZE BAR, A.K.A. PAT HELPER, ATTACHED TO BED, COMPLETE W/GRAB BAR				\$21.53	
E0911	KR	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, W/GRAB BAR				\$1.78	
E0911	NU	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, W/GRAB BAR			X	\$536.68	
E0911	RR	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, W/GRAB BAR				\$53.66	

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E0912	KR	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE W/GRAB BAR				\$4.10	
E0912	NU	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE W/GRAB BAR			X	\$1,232.39	
E0912	RR	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE W/GRAB BAR				\$123.23	
E0920	KR	FRACTURE FRAME, ATTACHED TO BED, INCLUDES WEIGHTS				\$1.65	
E0920	NU	FRACTURE FRAME, ATTACHED TO BED, INCLUDES WEIGHTS			X	\$496.74	
E0920	RA	FRACTURE FRAME, ATTACHED TO BED, INCLUDES WEIGHTS			X	\$496.74	
E0920	RR	FRACTURE FRAME, ATTACHED TO BED, INCLUDES WEIGHTS				\$49.67	
E0930	KR	FRACTURE FRAME, FREE STANDING, INCLUDES WEIGHTS				\$1.39	
E0930	NU	FRACTURE FRAME, FREE STANDING, INCLUDES WEIGHTS			X	\$419.66	
E0930	RR	FRACTURE FRAME, FREE STANDING, INCLUDES WEIGHTS				\$41.96	
E0935	KR	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE ON KNEE ONLY				\$22.62	

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E0940	KR	TRAPEZE BAR, FREE STANDING, COMPLETE W/GRAB BAR				\$1.24	
E0940	NU	TRAPEZE BAR, FREE STANDING, COMPLETE W/GRAB BAR			X	\$374.33	
E0940	RA	TRAPEZE BAR, FREE STANDING, COMPLETE W/GRAB BAR			X	\$374.33	
E0940	RR	TRAPEZE BAR, FREE STANDING, COMPLETE W/GRAB BAR				\$37.43	
E0941	KR	GRAVITY ASSISTED TRACTION				\$1.41	
E0941	NU	GRAVITY ASSISTED TRACTION			X	\$423.32	
E0941	RR	GRAVITY ASSISTED TRACTION				\$42.33	
E0942	RA	CERVICAL HEAD HARNESS/HALTER				\$27.54	
E0944	RA	PELVIC BELT/HARNESS/BOOT			X	\$62.96	
E0945	RA	EXTREMITY BELT/HARNESS				\$47.22	
E0947	KR	FRACTURE FRAME, ATTACHMNTS FOR COMPLEX PELVIC TRACTION				\$2.25	
E0947	NU	FRACTURE FRAME, ATTACHMNTS FOR COMPLEX PELVIC TRACTION			X	\$652.91	
E0947	RR	FRACTURE FRAME, ATTACHMNTS FOR COMPLEX PELVIC TRACTION				\$67.70	
E0948	KR	FRACTURE FRAME, ATTACHMNTS FOR COMPLEX CERVICAL TRACTION				\$2.10	
E0948	NU	FRACTURE FRAME, ATTACHMNTS FOR COMPLEX CERVICAL TRACTION			X	\$631.52	

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E0948	RR	FRACTURE FRAME, ATTACHMNTS FOR COMPLEX CERVICAL TRACTION				\$63.13	
		WHEELCHAIR ACCESSORIES, DME					
E0950	KA	WHEELCHAIR ACCESSORY, TRAY	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$95.12	X
E0950	KR	WHEELCHAIR ACCESSORY, TRAY	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$0.31	X
E0950	MS	WHEELCHAIR ACCESSORY, TRAY	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$9.52	X
E0950	NU	WHEELCHAIR ACCESSORY, TRAY	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$95.12	X
E0950	RB	WHEELCHAIR ACCESSORY, TRAY	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$95.12	X
E0950	RR	WHEELCHAIR ACCESSORY, TRAY	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$9.52	X
E0951	KA	HEEL LOOP/HOLDER, ANY TYPE, W/OR W/O ANKLE STRAP	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$20.07	X

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E0951	KR	HEEL LOOP/HOLDER, ANY TYPE, W/OR W/O ANKLE STRAP	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$0.06	X
E0951	MS	HEEL LOOP/HOLDER, ANY TYPE, W/OR W/O ANKLE STRAP	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$2.02	X
E0951	NU	HEEL LOOP/HOLDER, ANY TYPE, W/OR W/O ANKLE STRAP	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$20.07	X
E0951	RB	HEEL LOOP/HOLDER, ANY TYPE, W/OR W/O ANKLE STRAP		EACH		\$20.07	X
E0951	RR	HEEL LOOP/HOLDER, ANY TYPE, W/OR W/O ANKLE STRAP	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$2.02	X
E0952	KA	TOE LOOP/HOLDER, ANY TYPE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$19.38	X
E0952	KR	TOE LOOP/HOLDER, ANY TYPE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$0.06	X
E0952	MS	TOE LOOP/HOLDER, ANY TYPE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$1.94	X
E0952	NU	TOE LOOP/HOLDER, ANY TYPE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$19.38	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
E0952	RB	TOE LOOP/HOLDER, ANY TYPE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$19.38	X
E0952	RR	TOE LOOP/HOLDER, ANY TYPE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$1.94	X
E0955	KA	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$217.66	X
E0955	KR	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$0.72	X
E0955	MS	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$21.77	X
E0955	NU	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$217.66	X
E0955	RA	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE		EACH		\$217.66	X
E0955	RB	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE		EACH		\$217.66	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
E0955	RR	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$21.77	X
E0956	KA	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$106.13	X
E0956	KR	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$0.35	X
E0956	MS	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$10.62	X
E0956	NU	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$106.13	X
E0956	RB	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE		EACH		\$106.13	X
E0956	RR	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$10.62	X
E0957	KA	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$148.49	X

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E0957	KR	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$0.49	X
E0957	MS	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$14.84	X
E0957	NU	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$148.49	X
E0957	RB	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE				\$148.49	X
E0957	RR	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$14.84	X
E0958	KA	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$469.72	X
E0958	KR	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$1.56	X
E0958	MS	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$46.97	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
E0958	NU	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$469.72	X
E0958	RB	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTCHMENT		EACH		\$469.72	X
E0958	RR	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$46.97	X
E0959	KA	MANUAL WHEELCHAIR ACCESSORY, ADAPTOR FOR AMPUTEE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$47.59	X
E0959	KR	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$0.15	X
E0959	MS	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$4.79	X
E0959	NU	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$47.59	X
E0959	RB	MANUAL WHEELCHAIR ACCESSORY, ADAPTOR FOR AMPUTEE		EACH		\$47.59	X
E0959	RR	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$4.79	X

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E0960	KA	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCL ANY TYPE MOUNTING HARDWARE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$97.94	X
E0960	KR	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$0.32	X
E0960	MS	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$106.87	X
E0960	NU	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$97.94	X
E0960	RB	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCL ANY TYPE MOUNTING HARDWARE				\$97.94	X
E0960	RR	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$9.79	X
E0961	KA	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXT (HANDLE)	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$32.01	X
E0961	KR	MANUAL WHEELCHAIR ACCESSORY WHEEL LOCK BRAKE EXTENSION (HANDLE)	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$0.11	X

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E0961	MS	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE)	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$3.33	X
E0961	NU	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE)	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$32.01	X
E0961	RB	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE)		EACH		\$32.01	X
E0961	RR	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE)	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$3.33	X
E0966	KA	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$76.83	X
E0966	KR	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$0.25	X
E0966	MS	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$7.57	X
E0966	NU	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$76.83	X
E0966	RB	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION		EACH		\$76.83	X

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E0966	RR	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$7.57	X
E0967	KA	MANUAL WHEELCHAIR ACCESSORY, HAND RIM W/PROJECTIONS, ANY TYPE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$69.53	X
E0967	KR	MANUAL WHEELCHAIR ACCESSORY, HAND RIM W/PROJECTIONS, ANY TYPE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$0.23	X
E0967	MS	MANUAL WHEELCHAIR ACCESSORY, HAND RIM W/PROJECTIONS, ANY TYPE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$6.95	X
E0967	NU	MANUAL WHEELCHAIR ACCESSORY, HAND RIM W/PROJECTIONS, ANY TYPE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$69.53	X
E0967	RB	MANUAL WHEELCHAIR ACCESSORY, HAND RIM W/PROJECTIONS, ANY TYPE		EACH		\$69.53	X
E0967	RR	MANUAL WHEELCHAIR ACCESSORY, HAND RIM W/PROJECTIONS, ANY TYPE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$6.95	X
E0968	KA	COMMODOE SEAT, WHEELCHAIR	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$193.03	X
E0968	KR	COMMODOE SEAT, WHEELCHAIR	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$0.64	X
E0968	NU	COMMODOE SEAT, WHEELCHAIR	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$193.03	X

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E0968	RB	COMMODE SEAT, WHEELCHAIR				\$193.03	X
E0968	RR	COMMODE SEAT, WHEELCHAIR	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$19.30	X
E0969	KR	NARROWING DEVICE, WHEELCHAIR	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$1.66	X
E0969	NU	NARROWING DEVICE, WHEELCHAIR	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$168.62	X
E0969	RB	NARROWING DEVICE, WHEELCHAIR				\$168.62	X
E0969	RR	NARROWING DEVICE, WHEELCHAIR	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$16.69	X
E0971	KA	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$46.71	X
E0971	KR	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$0.15	X
E0971	MS	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$4.67	X
E0971	NU	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$46.71	X
E0971	RB	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE		EACH		\$46.71	X
E0971	RR	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$4.67	X
E0973	KA	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$123.77	X

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E0973	KR	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$0.39	X
E0973	MS	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$11.78	X
E0973	NU	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$123.77	X
E0973	RB	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY		EACH		\$123.77	X
E0973	RR	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$11.78	X
E0974	KA	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$84.41	X
E0974	KR	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$0.29	X
E0974	MS	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$8.94	X
E0974	NU	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$84.41	X
E0974	RB	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE		EACH		\$84.41	X
E0974	RR	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$8.94	X

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E0978	KA	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$45.97	X
E0978	KR	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$0.15	X
E0978	MS	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$4.60	X
E0978	NU	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$45.97	X
E0978	RB	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$45.97	X
E0978	RR	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$4.60	X
E0981	RB	WHEELCHAIR ACCESSORY, SEAT UPHOLSTERY		REPLACEMENT ONLY		\$55.38	X
E0982	RB	WHEELCHAIR ACCESSORY, BACK UPHOLSTERY		REPLACEMENT ONLY		\$60.53	X
E0983	KA	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO COVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, JOYSTICK CONTROL	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$2,690.76	X
E0983	KR	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, JOYSTICK CONTROL	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$8.96	X
E0983	NU	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, JOYSTICK CONTROL	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$2,690.76	X

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E0983	RR	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, JOYSTICK CONTROL	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$269.07	X
E0984	KA	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, TILLER CONTROL	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$2,056.94	X
E0984	KR	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, TILLER CONTROL	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$6.37	X
E0984	NU	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, TILLER CONTROL	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$2,056.94	X
E0984	RB	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, TILLER CONTROL	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$2,056.94	X
E0984	RR	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, TILLER CONTROL	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$191.19	X
E0985	KA	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$218.38	X
E0985	KR	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$0.72	X
E0985	NU	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$218.38	X

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E0985	RB	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM				\$218.38	X
E0985	RR	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$21.85	X
E0986	KA	MANUAL WHEELCHAIR ACCESSORY, PUSH ACTIVATED POWER ASSIST	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$5,236.87	X
E0986	KR	MANUAL WHEELCHAIR ACCESSORY, PUSH ACTIVATED POWER ASSIST	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$17.45	X
E0986	NU	MANUAL WHEELCHAIR ACCESSORY, PUSH ACTIVATED POWER ASSIST	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$5,236.87	X
E0986	RA	MANUAL WHEELCHAIR ACCESSORY, PUSH-RIM ACTIVATED POWER ASSIST SYSTEM				\$5,236.87	X
E0986	RB	MANUAL WHEELCHAIR ACCESSORY, PUSH ACTIVATED POWER ASSIST	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$5,236.87	X
E0986	RR	MANUAL WHEELCHAIR ACCESSORY, PUSH ACTIVATED POWER ASSIST	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$523.69	X
E0990	KA	WHEELCHAIR ACCESSORY, ELEVATING LEGREST, COMPLETE ASSEMBLY	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$126.42	X
E0990	KR	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$0.47	X
E0990	MS	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$14.23	X
E0990	NU	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$126.42	X
E0990	RB	WHEELCHAIR ACCESSORY, ELEVATING LEGREST, COMPLETE ASSEMBLY		EACH		\$126.42	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
E0990	RR	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$14.23	X
E0992	KA	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$102.43	X
E0992	KR	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$0.33	X
E0992	MS	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$9.95	X
E0992	NU	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$102.43	X
E0992	RB	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT				\$102.43	X
E0992	RR	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$9.95	X
E0994	KA	ARMREST	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$18.90	X
E0994	KR	ARMREST	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$0.06	X
E0994	NU	ARMREST	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$18.90	X
E0994	RB	ARMREST		EACH		\$18.90	X
E0994	RR	ARMREST	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$1.88	X
E0995	KA	WHEELCHAIR ACCESSORY, CALF REST/PAD	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$32.72	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
E0995	KR	WHEELCHAIR ACCESSORY, CALF REST/PAD	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$0.10	X
E0995	MS	WHEELCHAIR ACCESSORY, CALF REST/PAD	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$3.28	X
E0995	NU	WHEELCHAIR ACCESSORY, CALF REST/PAD	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$32.72	X
E0995	RB	WHEELCHAIR ACCESSORY, CALF REST/PAD		EACH		\$32.72	X
E0995	RR	WHEELCHAIR ACCESSORY, CALF REST/PAD	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$3.28	X
E1002	KA	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$4,363.71	X
E1002	KR	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$14.54	X
E1002	NU	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$4,363.71	X
E1002	RB	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY				\$4,363.71	X
E1002	RR	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$436.37	X
E1003	KA	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, W/O SHEAR REDUCTION	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$4,727.70	X
E1003	KR	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, W/O SHEAR REDUCTION	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$15.75	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
E1003	NU	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, W/O SHEAR REDUCTION	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$4,727.70	X
E1003	RB	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, W/O SHEAR REDUCTION				\$4,727.70	X
E1003	RR	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, W/O SHEAR REDUCTION	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$472.78	X
E1004	KA	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, W/MECHANICAL SHEAR REDUCTION	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$5,242.05	X
E1004	KR	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, W/MECHANICAL SHEAR REDUCTION	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$17.47	X
E1004	NU	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, W/MECHANICAL SHEAR REDUCTION	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$5,242.05	X
E1004	RB	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, W/MECHANICAL SHEAR REDUCTION				\$5,242.05	X
E1004	RR	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, W/MECHANICAL SHEAR REDUCTION	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$524.20	X
E1005	KA	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, W/POWER SHEAR REDUCTION	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$5,674.10	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
E1005	KR	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, W/POWER SHEAR REDUCTION	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$18.91	X
E1005	NU	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, W/POWER SHEAR REDUCTION	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$5,674.10	X
E1005	RB	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, W/POWER SHEAR REDUCTION				\$5,674.10	X
E1005	RR	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, W/POWER SHEAR REDUCTION	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$567.40	X
E1006	KA	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT & RECLINE, W/O SHEAR REDUCTION	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$6,950.25	X
E1006	KR	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT & RECLINE, W/O SHEAR REDUCTION	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$23.16	X
E1006	NU	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT & RECLINE, W/O SHEAR REDUCTION	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$6,950.25	X
E1006	RB	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT & RECLINE, W/O SHEAR REDUCTION				\$6,950.25	X
E1006	RR	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT & RECLINE, W/O SHEAR REDUCTION	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$695.00	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
E1007	KA	WHEELCHAIR ACCESSORY, POWER SETING SYSTEM, COMBINATION TILT & RECLINE W/MECHANICAL SHEAR REDUCTION	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$9,410.91	X
E1007	KR	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT & RECLINE, W/MECHANICAL SHEAR REDUCTION	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$31.36	X
E1007	NU	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT & RECLINE, W/MECHANICAL SHEAR REDUCTION	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$9,410.91	X
E1007	RB	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT & RECLINE, W/MECHANICAL SHEAR REDUCTION				\$9,410.91	X
E1007	RR	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT & RECLINE, W/MECHANICAL SHEAR REDUCTION	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$941.09	X
E1008	KA	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT & RECLINE, W/POWER SHEAR REDUCTION	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$9,411.75	X
E1008	KR	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT & RECLINE, W/POWER SHEAR REDUCTION	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$31.37	X
E1008	NU	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT & RECLINE, W/POWER SHEAR REDUCTION	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$9,411.75	X
E1008	RB	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT & RECLINE, W/POWER SHEAR REDUCTION				\$9,411.75	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
E1008	RR	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT & RECLINE, W/POWER SHEAR REDUCTION	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$941.17	X
E1009	KA	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, MECHANICALLY LINKED LEG ELEVATION SYSTEM, INCLUDING PUSHROD & LEGREST	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
E1009	KR	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, MECHANICALLY LINKED LEG ELEVATION SYSTEM, INCLUDING PUSHROD & LEG REST	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
E1009	NU	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, MECHANICALLY LINKED LEG ELEVATION SYSTEM, INCLUDING PUSHROD & LEG REST	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
E1009	RB	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, MECHANICALLY LINKED LEG ELEVATION SYSTEM, INCLUDING PUSHROD & LEGREST	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
E1009	RR	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, MECHANICALLY LINKED LEG ELEVATION SYSTEM, INCLUDING PUSHROD & LEG REST	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
E1010	KA	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION SYSTEM, INCLUDING LEG REST	X	PAIR, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$1,231.41	X
E1010	KR	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION SYSTEM, INCLUDING LEG REST	X	PAIR, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$4.10	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
E1010	NU	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION SYSTEM, INCLUDING LEG REST	X	PAIR, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$1,231.41	X
E1010	RB	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION SYSTEM, INCLUDING LEG REST	X	PAIR, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$1,231.41	X
E1010	RR	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION SYSTEM, INCLUDING LEG REST	X	PAIR, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$123.14	X
E1011	KA	MODIFICATION TO PEDIATRIC SIZE WHEELCHAIR, WIDTH ADJUSTMENT PACKAGE (NOT TO BE DISPENSED W/INITIAL CHAIR)	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	RNE		X
E1011	KR	MODIFICATION TO PEDIATRIC SIZE WHEELCHAIR, WIDTH ADJUSTMENT PACKAGE (NOT TO BE DISPENSED W/INITIAL CHAIR)			RNE		X
E1011	NU	MODIFICATION TO PEDIATRIC SIZE WHEELCHAIR, WIDTH ADJUSTMENT PACKAGE (NOT TO BE DISPENSED W/INITIAL CHAIR)			RNE		X
E1011	RR	MODIFICATION TO PEDIATRIC SIZE WHEELCHAIR, WIDTH ADJUSTMENT PACKAGE (NOT TO BE DISPENSED W/INITIAL CHAIR)			RNE		X
E1014	KA	RECLINING BACK, ADDITION TO PEDIATRIC SIZE WHEELCHAIR	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$393.11	X
E1014	KR	RECLINING BACK, ADDITION TO PEDIATRIC SIZE WHEELCHAIR	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$1.31	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
E1014	NU	RECLINING BACK, ADDITION TO PEDIATRIC SIZE WHEELCHAIR	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$393.11	X
E1014	RB	RECLINING BACK, ADDITION TO PEDIATRIC SIZE WHEELCHAIR				\$393.11	X
E1014	RR	RECLINING BACK, ADDITION TO PEDIATRIC SIZE WHEELCHAIR	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$39.31	X
E1015	KA	SHOCK ABSORBER FOR MANUAL WHEELCHAIR	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$123.48	X
E1015	KR	SHOCK ABSORBER FOR MANUAL WHEELCHAIR	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$0.41	X
E1015	NU	SHOCK ABSORBER FOR MANUAL WHEELCHAIR	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$123.48	X
E1015	RB	SHOCK ABSORBER FOR MANUAL WHEELCHAIR	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$123.48	X
E1015	RR	SHOCK ABSORBER FOR MANUAL WHEELCHAIR	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$12.33	X
E1016	KA	SHOCK ABSORBER FOR POWER WHEELCHAIR	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$141.36	X
E1016	KR	SHOCK ABSORBER FOR POWER WHEELCHAIR	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$0.47	X
E1016	NU	SHOCK ABSORBER FOR POWER WHEELCHAIR	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$141.36	X
E1016	RB	SHOCK ABSORBER FOR POWER WHEELCHAIR	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$141.36	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
E1016	RR	SHOCK ABSORBER FOR POWER WHEELCHAIR	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$14.14	X
E1017	KR	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY MANUAL WHEELCHAIR	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
E1017	NU	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY MANUAL WHEELCHAIR	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
E1017	RB	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY MANUAL WHEELCHAIR	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
E1017	RR	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY MANUAL WHEELCHAIR	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
E1018	KA	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY POWER WHEELCHAIR	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
E1018	KR	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY POWER WHEELCHAIR	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
E1018	NU	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY POWER WHEELCHAIR	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
E1018	RB	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY POWER WHEELCHAIR	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
E1020	KA	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$262.05	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
E1020	KR	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$0.87	X
E1020	NU	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$262.05	X
E1020	RB	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR				\$262.05	X
E1020	RR	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$26.18	X
E1028	KA	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$222.36	X
E1028	KR	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$0.74	X
E1028	MS	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY		PAYABLE ONCE EVERY 6 MONTHS.		\$22.23	X
E1028	NU	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$222.36	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
E1028	RB	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY				\$222.36	X
E1028	RR	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$22.23	X
E1029	KA	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$397.84	X
E1029	KR	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$1.32	X
E1029	NU	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$397.84	X
E1029	RB	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED				\$397.84	X
E1029	RR	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$39.78	X
E1030	KA	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$1,254.53	X
E1030	KR	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$4.18	X
E1030	NU	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$1,254.53	X
E1030	RB	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED				\$1,254.53	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
E1030	RR	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$125.45	X
E1035	KR	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, W/INTEGRATED SEAT, OPERATED BY CARE GIVER, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 LBS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$22.00	X
E1035	NU	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, W/INTEGRATED SEAT, OPERATED BY CARE GIVER, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 LBS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$6,601.75	X
E1035	RR	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, W/INTEGRATED SEAT, OPERATED BY CARE GIVER, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 LBS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$660.17	X
E1037	KR	TRANSPORT CHAIR, PEDIATRIC SIZE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$3.89	X
E1037	NU	TRANSPORT CHAIR, PEDIATRIC SIZE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$1,168.01	X
E1037	RR	TRANSPORT CHAIR, PEDIATRIC SIZE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$116.80	X
E1038	KR	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$0.64	X
E1038	NU	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$194.11	X
E1038	RR	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$19.41	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
E1039	KR	TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY GREATER THAN 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$1.22	X
E1039	NU	TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY GREATER THAN 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$368.19	X
E1039	RR	TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY GREATER THAN 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$36.81	X
		WHEELCHAIRS, DME					
E1050	KR	FULLY RECLINING WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$3.65	X
E1050	NU	FULLY RECLINING WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$1,096.41	X
E1050	RR	FULLY RECLINING WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$109.64	X
E1060	NU	FULLY RECLINING WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$1,357.27	X
E1060	RB	FULLY RECLINING WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$1,357.27	X

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E1060	RR	FULLY RECLINING WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$135.72	X
E1070	KR	FULLY RECLINING WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE FOOTRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$3.93	X
E1070	NU	FULLY RECLINING WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE FOOTRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$1,179.20	X
E1070	RB	FULLY RECLINING WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE FOOTRESTS			X	\$1,179.20	X
E1070	RR	FULLY RECLINING WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE FOOTRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$117.92	X
E1083	KR	HEMI-WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$2.82	X
E1083	NU	HEMI-WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$847.72	X
E1083	RR	HEMI-WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$84.77	X
E1084	KR	HEMI-WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$3.51	X

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E1084	NU	HEMI-WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$1,054.53	X
E1084	RR	HEMI-WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$105.45	X
E1087	KR	HIGH-STRENGTH LIGHTWEIGHT WHEELCHAIR; FIXED FLL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$4.54	X
E1087	NU	HIGH-STRENGTH LIGHTWEIGHT WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$1,362.01	X
E1087	RB	HIGH-STRENGTH LIGHTWEIGHT WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS			X	\$1,362.01	X
E1087	RR	HIGH-STRENGTH LIGHTWEIGHT WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$136.20	X
E1088	KR	HIGH-STRENGTH LIGHTWEIGHT WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$5.41	X
E1088	NU	HIGH-STRENGTH LIGHTWEIGHT WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$1,623.20	X

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E1088	RB	HIGH-STRENGTH LIGHTWEIGHT WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS			X	\$1,623.20	X
E1088	RR	HIGH-STRENGTH LIGHTWEIGHT WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$162.32	X
E1092	KR	WIDE, HEAVY-DUTY WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$4.61	X
E1092	NU	WIDE, HEAVY-DUTY WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$1,383.54	X
E1092	RB	WIDE, HEAVY-DUTY WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS			X	\$1,383.54	X
E1092	RR	WIDE, HEAVY-DUTY WHEELCHAIR;DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$138.35	X
E1093	KR	WIDE, HEAVY-DUTY WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE FOOTRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$3.96	X
E1093	NU	WIDE, HEAVY-DUTY WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$1,189.86	X

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		ARMS, SWING-AWAY, DETACHABLE FOOTRESTS					
E1093	RB	WIDE, HEAVY-DUTY WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE FOOTRESTS			X	\$1,189.86	X
E1093	RR	WIDE, HEAVY-DUTY WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE FOOTRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$118.98	X
E1100	KR	SEMI-RECLINING WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$3.70	X
E1100	NU	SEMI-RECLINING WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$1,111.05	X
E1100	RB	SEMI-RECLINING WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS			X	\$1,111.05	X
E1100	RR	SEMI-RECLINING WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$111.10	X
E1110	KR	SEMI-RECLINING WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, ELEVATING LEGREST	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$3.64	X
E1110	NU	SEMI-RECLINING WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, ELEVATING LEGREST	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$1,094.47	X

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E1110	RB	SEMI-RECLINING WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, ELEVATING LEGREST			X	\$1,094.47	X
E1110	RR	SEMI-RECLINING WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, ELEVATING LEGREST	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$109.44	X
E1150	KR	WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$2.92	X
E1150	NU	WHEELCHAIR;DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$878.29	X
E1150	RB	WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS			X	\$878.29	X
E1150	RR	WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$87.82	X
E1160	KR	WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$2.24	X
E1160	NU	WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$672.87	X
E1160	RB	WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS			X	\$672.87	X

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E1160	RR	WHEELCHAIR; FIXED FULL-LENGTHAMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$67.28	X
E1161	NU	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$2,547.35	X
E1161	RB	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE			X	\$2,547.35	X
E1161	RR	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$254.73	X
E1161	UE	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$2,084.47	X
E1170	KR	AMPUTEE WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$2.72	X
E1170	NU	AMPUTEE WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$817.25	X
E1170	RR	AMPUTEE WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$81.72	X
E1171	KR	AMPUTEE WHEELCHAIR; FIXED FULL-LENGTH ARMS, W/O FOOTRESTS OR LEGRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$2.81	X
E1171	NU	AMPUTEE WHEELCHAIR; FIXED FULL-LENGTH ARMS, W/O FOOTRESTS OR LEGRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$845.56	X

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E1171	RR	AMPUTEE WHEELCHAIR; FIXED FULL-LENGTH ARMS, W/O FOOTRESTS OR LEGRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$84.55	X
E1172	KR	AMPUTEE WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, W/O FOOTRESTS OR LEGRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$2.98	X
E1172	NU	AMPUTEE WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH W/O FOOTRESTS OR LEGRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$896.38	X
E1172	RR	AMPUTEE WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, W/O FOOTRESTS OR LEGRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$89.63	X
E1180	KR	AMPUTEE WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE FOOTRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$3.63	X
E1180	NU	AMPUTEE WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE FOOTRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$1,091.03	X
E1180	RR	AMPUTEE WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE FOOTRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$109.10	X
E1190	KR	AMPUTEE WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$3.80	X
E1190	NU	AMPUTEE WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$1,141.74	X

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E1190	RR	AMPUTEE WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$114.17	X
E1195	KR	HEAVY DUTY WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$4.50	X
E1195	NU	HEAVY DUTY WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$1,352.54	X
E1195	RR	HEAVY DUTY WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$135.25	X
E1200	KR	AMPUTEE WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE FOOTRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$2.88	X
E1200	NU	AMPUTEE WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE FOOTRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$866.77	X
E1200	RR	AMPUTEE WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE FOOTRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$86.67	X
E1220	KR	WHEELCHAIR; SPECIALLY SIZED OR CONSTRUCTED (INDICATE BRAND NAME, MODEL	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
E1220	NU	WHEELCHAIR; SPECIALLY SIZED OR CONSTRUCTED (INDICATE BRAND NAME, MODEL NUMBER, IF ANY & JUSTIFICATION)	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X

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E1220	RR	WHEELCHAIR; SPECIALLY SIZED OR CONSTRUCTED (INDICATE BRAND NAME, MODEL NUMBER, IF ANY & JUSTIFICATION)	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
E1221	KR	WHEELCHAIR W/FIXED ARM, FOOTRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$1.53	X
E1221	NU	WHEELCHAIR W/FIXED ARM, FOOTRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$461.00	X
E1221	RR	WHEELCHAIR W/FIXED ARM, FOOTRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$46.10	X
E1222	KR	WHEELCHAIR W/FIXED ARM, ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$2.14	X
E1222	NU	WHEELCHAIR W/ FIXED ARM, ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$643.81	X
E1222	RR	WHEELCHAIR W/FIXED ARM, ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$64.38	X
E1223	KR	WHEELCHAIR W/DETACHABLE ARMS, FOOTRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$2.65	X
E1223	NU	WHEELCHAIR W/DETACHABLE ARMS, FOOTRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$796.90	X
E1223	RR	WHEELCHAIR W/DETACHABLE ARMS, FOOTRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$79.69	X
E1224	KR	WHEELCHAIR W/DETACHABLE ARMS, ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$2.47	X
E1224	NU	WHEELCHAIR W/DETACHABLE ARMS, ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$742.64	X

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E1224	RR	WHEELCHAIR W/DETACHABLE ARMS, ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$74.26	X
E1225	KR	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$1.62	X
E1225	NU	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES)	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$486.62	X
E1225	RR	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES)	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$48.66	X
E1226	KR	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES)	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$1.95	X
E1226	NU	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES)	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$587.45	X
E1226	RB	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES)		EACH		\$587.45	X
E1226	RR	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES)	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$58.73	X
E1227	KR	SPECIAL HEIGHT ARMS FOR WHEELCHAIR	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$0.92	X
E1227	NU	PECIAL HEIGHT ARMS FOR WHEELCHAIR	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$277.42	X

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E1227	RR	SPECIAL HEIGHT ARMS FOR WHEELCHAIR	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$27.74	X
E1228	KR	SPECIAL BACK HEIGHT FOR WHEELCHAIR	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$1.00	X
E1228	NU	SPECIAL BACK HEIGHT FOR WHEELCHAIR	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$301.66	X
E1228	RR	SPECIAL BACK HEIGHT FOR WHEELCHAIR	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$30.16	X
E1229	KR	WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
E1229	NU	WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	RNE	X
E1229	RR	WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
E1230	KR	POWER OPERATED VEHICLE (3 OR 4 WHEEL, NON HIGHWAY)				\$7.98	X
E1230	NU	POWER OPERATED VEHICLE (3 OR 4 WHEEL, NON HIGHWAY)			X	\$2,435.05	X
E1230	RR	POWER OPERATED VEHICLE (3 OR 4 WHEEL, NON HIGHWAY)				\$239.49	X
E1230	UE	POWER OPERATED VEHICLE (3 OR 4 WHEEL, NON HIGHWAY)	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$1,826.29	X
E1231	KR	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, W/SEATING SYSTEM	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X

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E1231	NU	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, W/SEATING SYSTEM	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	RNE	X
E1231	RR	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, W/SEATING SYSTEM	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
E1232	KR	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, W/SEATING SYSTEM	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$7.67	X
E1232	NU	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, W/SEATING SYSTEM	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$2,302.22	X
E1232	RR	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, W/SEATING SYSTEM	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$230.23	X
E1233	KR	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, W/SEATING SYSTEM	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$7.95	X
E1233	NU	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, W/O SEATING SYSTEM	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$2,385.47	X
E1233	RR	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, W/O SEATING SYSTEM	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$238.54	X
E1234	KR	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, W/O SEATING SYSTEM	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$6.92	X

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E1234	NU	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, W/O SEATING SYSTEM	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$2,076.72	X
E1234	RR	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, W/O SEATING SYSTEM	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$207.68	X
E1235	KR	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, W/SEATING SYSTEM	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$6.66	X
E1235	NU	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, W/SEATING SYSTEM	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$1,999.72	X
E1235	RR	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, W/SEATING SYSTEM	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$199.97	X
E1236	KR	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, W/SEATING SYSTEM	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$5.88	X
E1236	NU	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, W/SEATING SYSTEM	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$1,764.26	X
E1236	RR	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, W/SEATING SYSTEM	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$176.42	X
E1237	KR	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, W/O SEATING SYSTEM	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$5.93	X
E1237	NU	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, W/O SEATING SYSTEM	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$1,779.68	X
E1237	RR	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, W/O SEATING SYSTEM	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$177.96	X
E1238	KR	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, W/O SEATING SYSTEM	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$5.88	X

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E1238	NU	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, W/O SEATING SYSTEM	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$1,764.26	X
E1238	RR	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, W/O SEATING SYSTEM	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$176.42	X
E1239	KR	POWER WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
E1239	NU	POWER WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	RNE	X
E1239	RR	POWER WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
E1240	NU	LIGHTWEIGHT WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGREST	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$1,109.12	X
E1240	RR	LIGHTWEIGHT WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGREST	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$110.91	X
E1270	KR	LIGHTWEIGHT WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$2.83	X
E1270	NU	LIGHTWEIGHT WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$849.87	X
E1270	RR	LIGHTWEIGHT WHEELCHAIR; FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$84.98	X
E1280	KR	HEAVY-DUTY WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$4.71	X

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E1280	NU	HEAVY-DUTY WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$1,413.15	X
E1280	RR	HEAVY-DUTY WHEELCHAIR; DETACHABLE ARMS, DESK OR FULL-LENGTH, ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$141.31	X
E1295	KR	HEAVY-DUTY WHEELCHAIR; FIXED FULL-LENGTH ARMS, ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$3.97	X
E1295	NU	HEAVY-DUTY WHEELCHAIR; FIXED FULL-LENGTH ARMS, ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$1,192.98	X
E1295	RR	HEAVY-DUTY WHEELCHAIR; FIXED FULL-LENGTH ARMS, ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$119.29	X
E1296	KA	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$529.33	X
E1296	KR	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$1.79	X
E1296	NU	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$529.33	X
E1296	RR	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$53.76	X
E1297	KA	SPECIAL WHEELCHAIR SEAT DEPTH, BY UPHOLSTERY	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$112.62	X
E1297	KR	SPECIAL WHEELCHAIR SEAT DEPTH, BY UPHOLSTERY	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$0.41	X
E1297	NU	SPECIAL WHEELCHAIR SEAT DEPTH, BY UPHOLSTERY	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$112.62	X

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E1297	RR	SPECIAL WHEELCHAIR SEAT DEPTH, BY UPHOLSTERY	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$12.51	X
E1298	KA	SPECIAL WHEELCHAIR SEATDEPTH &/OR WIDTH, BY CONSTRUCTION	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$456.10	X
E1298	KR	SPECIAL WHEELCHAIR SEAT DEPTH &/OR WIDTH, BY CONSTRUCTION	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$1.55	X
E1298	NU	SPECIAL WHEELCHAIR SEAT DEPTH &/OR WIDTH, BY CONSTRUCTION	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$456.10	X
E1298	RR	SPECIAL WHEELCHAIR SEAT DEPTH &/OR WIDTH, BY CONSTRUCTION	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$46.67	X
		WHIRLPOOL EQUIPMENT, DME					
E1310	KR	WHIRLPOOL, NON-PORTABLE (BUILT IN TYPE)	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$5.60	
E1310	NU	WHIRLPOOL, NON PORTABLE (BUILT IN TYPE)	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$1,965.12	
E1310	RR	WHIRLPOOL, NON PORTABLE (BUILT IN TYPE)	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$168.07	
		ADDITIONAL OXYGEN RELATED EQUIPMENT, DME					
E1352	KR	OXYGEN ACCESSORY, FLOW REGULATOR CAPABLE OF POSITIVE INSPIRATORY PRESSURE				RNE	
E1352	NU	OXYGEN ACCESSORY, FLOW REGULATOR CAPABLE OF POSITIVE INSPIRATORY PRESSURE				RNE	

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E1352	RR	OXYGEN ACCESSORY, FLOW REGULATOR CAPABLE OF POSITIVE INSPIRATORY PRESSURE				RNE	
E1353	RB	REGULATOR				\$31.37	
E1355	RB	STAND/RACK				\$23.62	
E1372	KR	IMMERSION EXTERNAL HEATER FOR NEBULIZER				\$0.72	
E1372	NU	IMMERSION EXTERNAL HEATER FOR NEBULIZER				\$159.86	
E1372	RR	IMMERSION EXTERNAL HEATER FOR NEBULIZER				\$21.68	
E1390	KR	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE				\$7.11	
E1390	QE	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE				\$106.79	
E1390	QF	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE				\$320.39	
E1390	QG	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN				\$320.39	

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		CONCENTRATION AT THE PRESCRIBED FLOW RATE					
E1390	RR	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE				\$213.59	
E1391	KR	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	EACH			\$7.11	
E1391	QE	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	EACH			\$106.79	
E1391	QF	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	EACH			\$320.39	
E1391	QG	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	EACH			\$320.39	
E1391	RR	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN	EACH			\$213.59	

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		CONCENTRATION AT THE PRESCRIBED FLOW RATE					
E1392	KR	PORTABLE OXYGEN CONCENTRATOR, RENTAL				\$1.20	
E1392	RR	PORTABLE OXYGEN CONCENTRATOR, RENTAL				\$55.58	
E1399	KR	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS	X	PA REQUIRED EXCEPT FOR NF OR ICF/DD. MISCELLANEOUS CODES MAY NOT BE USED FOR AN ITEM THAT MEDICAID DOESN'T COVER, OR TO EXCEED THE MEDICAID ALLOWABLE FOR A TYPE OF ITEM W/A SPECIFIC CODE & ALLOWANCE.		RNE	
E1399	LL	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS		SEE CONVERSION, RENTAL TO PURCHASE, 471 NAC 7-010.09.	X	RNE	
E1399	NU	DURABLE MEDICAL EQUIPT,MISCELLANEOUS	X	PA REQUIRED EXCEPT FOR NF OR ICF/DD. MISCELLANEOUS CODES MAY NOT BE USED FOR AN ITEM THAT MEDICAID DOESN'T COVER, OR TO EXCEED THE MEDICAID ALLOWABLE FOR A TYPE OF ITEM W/A SPECIFIC CODE & ALLOWANCE.	X	RNE	

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E1399	RA	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS	X	PA REQUIRED EXCEPT FOR NF OR ICF/DD. MISCELLANEOUS CODES MAY NOT BE USED FOR AN ITEM THAT MEDICAID DOESN'T COVER, OR TO EXCEED THE MEDICAID ALLOWABLE FOR A TYPE OF ITEM W/A SPECIFIC CODE & ALLOWANCE.	X	RNE	
E1399	RB	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS	X	PA REQUIRED EXCEPT FOR NF OR ICF/DD. MISCELLANEOUS CODES MAY NOT BE USED FOR AN ITEM THAT MEDICAID DOESN'T COVER, OR TO EXCEED THE MEDICAID ALLOWABLE FOR A TYPE OF ITEM W/A SPECIFIC CODE & ALLOWANCE.	X	RNE	
E1399	RR	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS	X	PA REQUIRED EXCEPT FOR NF OR ICF/DD. MISCELLANEOUS CODES MAY NOT BE USED FOR AN ITEM THAT MEDICAID DOESN'T COVER, OR TO EXCEED THE MEDICAID ALLOWABLE FOR A TYPE OF ITEM W/A SPECIFIC CODE & ALLOWANCE.		RNE	
E1406	RA	OXYGEN & WATER VAPOR ENRICHING SYSTEM W/O HEATED DELIVERY			X	\$2,309.43	

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E1639	22	SCALE, TO BE USED FOR DIALYSIS ESRD ONLY - TALKING SCALE		EACH	X	RNE	
		JAW MOTION REHABILITATION SYSTEM & ACCESSORIES, DME					
E1700	KR	JAW MOTION REHABILITATION SYSTEM				\$1.21	
E1700	NU	JAW MOTION REHABILITATION SYSTEM			X	\$371.25	
E1700	RR	JAW MOTION REHABILITATION SYSTEM				\$36.41	
E1701	RB	REPLACEMENT CUSHIONS FOR JAW MOTION REHABILITATION SYSTEM		PACKAGE OF SIX		\$113.48	
E1702	RB	REPLACEMENT MEASURING SCALES FOR JAW MOTION REHABILITATION SYSTEM		PACKAGE OF 200		RNE	
		FLEXION/EXTENSION DEVICE, DME					
E1800	KR	DYNAMIC ADJUSTABLE ELBOW EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL				\$4.39	
E1800	NU	DYNAMIC ADJUSTABLE ELBOW EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL			X	\$1,318.84	
E1800	RR	DYNAMIC ADJUSTABLE ELBOW EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL				\$131.88	
E1801	KR	STATIC PROGRESSIVE STRETCH ELBOW DEVICE, EXTENSION &/OR FLEXION, W/OR W/O RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS				\$4.62	

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E1801	NU	STATIC PROGRESSIVE STRETCH ELBOW DEVICE, EXTENSION &/OR FLEXION, W/OR W/O RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS			X	\$1,388.82	
E1801	RR	STATIC PROGRESSIVE STRETCH ELBOW DEVICE, EXTENSION &/OR FLEXION, W/OR W/O RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS				\$138.88	
E1802	KR	DYNAMIC ADJUSTABLE FOREARM PRONATION/SUPINATION DEVICE, INCLUDES SOFT INTERFACE MATERIAL				\$11.72	
E1802	NU	DYNAMIC ADJUSTABLE FOREARM PRONATION/SUPINATION DEVICE, INCLUDES SOFT INTERFACE MATERIAL			X	\$3,518.35	
E1802	RR	DYNAMIC ADJUSTABLE FOREARM PRONATION/SUPINATION DEVICE, INCLUDES SOFT INTERFACE MATERIAL				\$351.83	
E1805	KR	DYNAMIC ADJUSTABLE WRIST EXTENSION / FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL				\$4.53	
E1805	NU	DYNAMIC ADJUSTABLE WRIST EXTENSION / FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL			X	\$1,360.18	
E1805	RR	DYNAMIC ADJUSTABLE WRIST EXTENSION / FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL				\$136.01	
E1806	KR	STATIC PROGRESSIVE STRETCH WRIST DEVICE, FLEXION &/OR EXTENSION, W/OR W/O RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS				\$3.80	

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E1806	NU	STATIC PROGRESSIVE STRETCH WRIST DEVICE, FLEXION &/OR EXTENSION, W/OR W/O RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS			X	\$1,140.23	
E1806	RR	STATIC PROGRESSIVE STRETCH WRIST DEVICE, FLEXION &/OR EXTENSION, W/OR W/O RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS				\$114.02	
E1810	KR	DYNAMIC ADJUSTABLE KNEE EXTENSION / FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL				\$4.47	
E1810	NU	DYNAMIC ADJUSTABLE KNEE EXTENSION / FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL			X	\$1,341.23	
E1810	RR	DYNAMIC ADJUSTABLE KNEE EXTENSION / FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL				\$134.12	
E1811	KR	STATIC PROGRESSIVE STRETCH KNEE DEVICE, EXTENSION &/OR FLEXION, W/OR W/O RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS				\$4.81	
E1811	NU	STATIC PROGRESSIVE STRETCH KNEE DEVICE, EXTENSION &/OR FLEXION, W/O W/O RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS			X	\$1,443.94	
E1811	RR	STATIC PROGRESSIVE STRETCH KNEE DEVICE, EXTENSION &/OR FLEXION, W/OR W/O RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS				\$144.39	

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E1812	KR	DYNAMIC KNEE, EXTENSION/FLEXION DEVICE W/ACTIVE RESISTANCE CONTROL				\$3.08	
E1812	NU	DYNAMIC KNEE, EXTENSION/FLEXION DEVICE W/ACTIVE RESISTANCE CONTROL			X	\$925.77	
E1812	RR	DYNAMIC KNEE, EXTENSION/FLEXION DEVICE W/ACTIVE RESISTANCE CONTROL				\$92.57	
E1815	KR	DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL				\$4.53	
E1815	NU	DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL			X	\$1,360.18	
E1815	RR	DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL				\$136.01	
E1815	UE	DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL				\$1,113.02	
E1816	KR	STATIC PROGRESSIVE STRETCH ANKLE DEVICE, FLEXION &/OR EXTENSION, W/OR W/O RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS				\$4.88	
E1816	NU	STATIC PROGRESSIVE STRETCH ANKLE DEVICE, FLEXION &/OR EXTENSION, W/OR W/O RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS			X	\$1,466.76	

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E1816	RR	STATIC PROGRESSIVE STRETCH ANKLE DEVICE, FLEXION &/OR EXTENSION, W/OR W/O RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS				\$146.67	
E1818	KR	STATIC PROGRESSIVE STRETCH FOREARM PRONATION / SUPINATION DEVICE, W/OR W/O RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS				\$4.99	
E1818	NU	STATIC PROGRESSIVE STRETCH FOREARM PRONATION / SUPINATION DEVICE, W/OR W/O RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS			X	\$1,497.45	
E1818	RR	STATIC PROGRESSIVE STRETCH FOREARM PRONATION / SUPINATION DEVICE, W/OR W/O RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS				\$149.74	
E1820	KR	REPLACEMENT SOFT INTERFACE MATERIAL, DYNAMIC ADJUSTABLE EXTENSION/FLEXION DEVICE				\$0.27	
E1820	NU	REPLACEMENT SOFT INTERFACE MATERIAL, DYNAMIC ADJUSTABLE EXTENSION/FLEXION DEVICE			X	\$83.01	
E1820	RR	REPLACEMENT SOFT INTERFACE MATERIAL, DYNAMIC ADJUSTABLE EXTENSION/FLEXION DEVICE				\$8.31	
E1821	KR	REPLACEMENT SOFT INTERFACE MATERIAL/CUFFS FOR BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH DEVICE				\$0.37	

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E1821	NU	REPLACEMENT SOFT INTERFACE MATERIAL/CUFFS FOR BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH DEVICE			X	\$113.31	
E1821	RR	REPLACEMENT SOFT INTERFACE MATERIAL/CUFFS FOR BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH DEVICE				\$11.31	
E1825	KR	DYNAMIC ADJUSTABLE FINGER EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL				\$4.53	
E1825	NU	DYNAMIC ADJUSTABLE FINGER EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL			X	\$1,360.18	
E1825	RR	DYNAMIC ADJUSTABLE FINGER EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL				\$136.01	
E1830	KR	DYNAMIC ADJUSTABLE TOE EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL				\$4.53	
E1830	NU	DYNAMIC ADJUSTABLE TOE EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL			X	\$1,360.18	
E1830	RR	DYNAMIC ADJUSTABLE TOE EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL				\$136.01	
E1840	KR	DYNAMIC ADJUSTABLE SHOULDER FLEXION/ABDUCTION/ROTATION DEVICE, INCLUDES SOFT INTERFACE MATERIAL				\$13.73	

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E1840	NU	DYNAMIC ADJUSTABLE SHOULDER FLEXION/ABDUCTION/ROTATION DEVICE, INCLUDES SOFT INTERFACE MATERIAL			X	\$4,120.28	
E1840	RR	DYNAMIC ADJUSTABLE SHOULDER FLEXION/ABDUCTION/ROTATION DEVICE, INCLUDES SOFT INTERFACE MATERIAL				\$412.02	
E1841	KR	STATIC PROGRESSIVE STRETCH SHOULDER DEVICE, W/OR W/O RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS & ACCESSORIES				\$16.25	
E1841	NU	STATIC PROGRESSIVE STRETCH SHOULDER DEVICE, W/OR W/O RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS & ACCESSORIES			X	\$4,877.03	
E1841	RR	STATIC PROGRESSIVE STRETCH SHOULDER DEVICE, W/OR W/O RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS & ACCESSORIES				\$487.70	
E1902	KR	COMMUNICATION BOARD, NON-ELECTRONIC AUGMENTATIVE OR ALTERNATIVE COMMUNICATION DEVICE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	
E1902	NU	COMMUNICATION BOARD, NON-ELECTRONIC AUGMENTATIVE OR ALTERNATIVE COMMUNICATION DEVICE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	RNE	
E1902	RR	COMMUNICATION BOARD, NON-ELECTRONIC AUGMENTATIVE OR ALTERNATIVE COMMUNICATION DEVICE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
		OTHER DEVICES, DME					
E2000	KR	GASTRIC SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC				\$1.85	
E2000	RR	GASTRIC SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC				\$55.80	
E2100	KR	BLOOD GLUCOSE MONITOR W/INTEGRATED VOICE SYNTHESIZER				\$2.30	
E2100	NU	BLOOD GLUCOSE MONITOR W/INTEGRATED VOICE SYNTHESIZER			X	\$692.46	
E2100	RR	BLOOD GLUCOSE MONITOR W/INTEGRATED VOICE SYNTHESIZER				\$69.24	
		WHEELCHAIR ACCESSORY, DME					
E2201	KA	MANUALWHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES & LESS THAN 24 INCHES	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$401.68	X
E2201	KR	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$1.33	X
E2201	NU	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$401.68	X
E2201	RB	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES				\$401.68	X

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E2201	RR	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$40.16	X
E2202	KA	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$510.29	X
E2202	KR	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$1.70	X
E2202	NU	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$510.29	X
E2202	RB	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES				\$510.29	X
E2202	RR	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$51.03	X
E2203	KA	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$515.74	X
E2203	KR	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$1.71	X
E2203	NU	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$515.74	X

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E2203	RB	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES				\$515.74	X
E2203	RR	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$51.55	X
E2204	KR	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$2.91	X
E2204	NU	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$875.71	X
E2204	RR	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$87.58	X
E2205	RB	MANUAL WHEELCHAIR ACCESSORY, HANDRIM W/O PROJECTIONS (INCLUDES ERGONOMIC OR CONTOURED), ANY TYPE		EACH, REPLACEMENT ONLY		\$36.24	X
E2206	KR	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$0.14	X
E2206	NU	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$43.07	X
E2206	RB	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE		EACH		\$43.07	X
E2206	RR	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$4.29	X
E2207	KR	WHEELCHAIR ACCESSORY, CRUTCH & CANE HOLDER	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$0.15	X

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E2207	NU	WHEELCHAIR ACCESSORY, CRUTCH & CANE HOLDER	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$45.88	X
E2207	RB	WHEELCHAIR ACCESSORY, CRUTCH & CANE HOLDER		EACH		\$45.88	X
E2207	RR	WHEELCHAIR ACCESSORY, CRUTCH & CANE HOLDER	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$4.59	X
E2208	KR	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$0.41	X
E2208	NU	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$125.74	X
E2208	RB	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER		EACH		\$125.74	X
E2208	RR	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$12.57	X
E2209	KR	ACCESSORY, ARM TROUGH, W/OR W/O HAND SUPPORT	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$0.37	X
E2209	NU	ACCESSORY, ARM TROUGH, W/OR W/O HAND SUPPORT	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$113.46	X
E2209	RB	ACCESSORY, ARM TROUGH, W/OR W/O HAND SUPPORT		EACH		\$113.46	X
E2209	RR	ACCESSORY, ARM TROUGH, W/OR W/O HAND SUPPORT	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$11.32	X
E2210	RB	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE		EACH, , REPLACEMENT ONLY		\$7.39	X
E2211	KR	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$0.14	X

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E2211	NU	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$44.04	X
E2211	RB	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE		EACH		\$44.04	X
E2211	RR	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$4.31	X
E2212	KR	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$0.02	X
E2212	NU	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$6.22	X
E2212	RB	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE		EACH		\$6.22	X
E2212	RR	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$0.65	X
E2213	KR	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$0.10	X
E2213	MS	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE		EACH, PAYABLE ONCE EVERY 6 MONTHS.		\$3.24	X
E2213	NU	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$32.20	X

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E2213	RB	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE		EACH		\$32.20	X
E2213	RR	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$3.24	X
E2214	KR	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$0.12	X
E2214	NU	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$32.94	X
E2214	RB	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE		EACH		\$32.94	X
E2214	RR	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$3.62	X
E2215	KR	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$0.03	X
E2215	NU	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$10.17	X
E2215	RB	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE		EACH		\$10.17	X
E2215	RR	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$1.01	X
E2216	KR	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
E2216	NU	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X

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E2216	RB	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
E2216	RR	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
E2217	KR	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
E2217	NU	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
E2217	RB	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
E2217	RR	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, EACH	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
E2218	KR	MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION TIRE, ANY SIZE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
E2218	NU	MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION TIRE, ANY SIZE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
E2218	RB	MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION TIRE, ANY SIZE		EACH		RNE	X
E2218	RR	MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION TIRE, ANY SIZE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
E2219	KR	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$0.16	X
E2219	NU	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$45.05	X
E2219	RB	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE		EACH		\$45.05	X

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E2219	RR	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$5.08	X
E2220	KR	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$0.09	X
E2220	NU	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$28.93	X
E2220	RB	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE		EACH		\$28.93	X
E2220	RR	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$2.90	X
E2221	KR	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$0.08	X
E2221	NU	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$27.04	X
E2221	RB	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE		EACH		\$27.04	X
E2221	RR	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$2.68	X
E2222	KR	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE W/INTEGRATED WHEEL, ANY SIZE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$0.07	X

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E2222	NU	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE W/INTEGRATED WHEEL, ANY SIZE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$22.67	X
E2222	RB	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE W/INTEGRATED WHEEL, ANY SIZE		EACH		\$22.67	X
E2222	RR	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE W/INTEGRATED WHEEL, ANY SIZE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$2.25	X
E2224	KR	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$0.36	X
E2224	NU	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$105.57	X
E2224	RB	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE		EACH		\$105.57	X
E2224	RR	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$11.07	X
E2225	RB	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE	X	EACH, REPLACEMENT ONLY, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$19.26	X
E2226	RB	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE	X	EACH, REPLACEMENT ONLY , PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$41.99	X

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E2227	KR	MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL		EACH		\$6.86	X
E2227	NU	MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL		EACH		\$2,060.31	X
E2227	RR	MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL		EACH		\$206.02	X
E2228	KR	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM & LOCK, COMPLETE		EACH		\$3.57	X
E2228	RB	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM & LOCK, COMPLETE		EACH		\$1,072.43	X
E2228	RR	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM & LOCK, COMPLETE		EACH		\$107.23	X
E2230	KR	MANUAL WHEELCHAIR ACCESSORY, MANUAL STANDING SYSTEM				RNE	X
E2230	NU	MANUAL WHEELCHAIR ACCESSORY, MANUAL STANDING SYSTEM				RNE	X
E2230	RR	MANUAL WHEELCHAIR ACCESSORY, MANUAL STANDING SYSTEM				RNE	X
E2231	KR	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE				\$0.56	X
E2231	NU	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE				\$171.14	X

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E2231	RR	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE				\$16.85	X
E2291	KR	BACK, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
E2291	NU	BACK, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
E2291	RR	BACK, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
E2292	KR	SEAT, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
E2292	NU	SEAT, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
E2292	RR	SEAT, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
E2293	KR	BACK, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
E2293	NU	BACK, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X

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E2293	RR	BACK, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
E2294	KR	SEAT, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
E2294	NU	SEAT, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
E2294	RR	SEAT, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
E2295	KR	MANUAL WHEELCHAIR ACCESSORY, FOR PEDIATRIC SIZE WHEELCHAIR, DYNAMIC SEATING FRAME, ALLOWS COORDINATED MOVEMENT OF MULTIPLE POSITIONING	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
E2295	NU	MANUAL WHEELCHAIR ACCESSORY, FOR PEDIATRIC SIZE WHEELCHAIR, DYNAMIC SEATING FRAME, ALLOWS COORDINATED MOVEMENT OF MULTIPLE POSITIONING	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
E2295	RR	MANUAL WHEELCHAIR ACCESSORY, FOR PEDIATRIC SIZE WHEELCHAIR, DYNAMIC SEATING FRAME, ALLOWS COORDINATED MOVEMENT OF MULTIPLE POSITIONING	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
E2310	KA	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLER & ONE POWER SEATING SYSTEM MOTOR, INC ELECTRONICS, IND FEATURE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$1,259.88	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
E2310	KR	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER & ONE POWER SEATING SYSTEM MOTOR, INCLUDING ALL RELATED ELECTR	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$4.19	X
E2310	NU	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER & ONE POWER SEATING SYSTEM MOTOR, INCLUDING ALL RELATED ELECTR	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$1,259.88	X
E2310	RB	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER & ONE POWER SEATING SYSTEM MOTOR, INCLUDING ALL RELATED ELECTR	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$1,259.88	X
E2310	RR	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER & ONE POWER SEATING SYSTEM MOTOR, INCLUDING ALL RELATED ELECTR	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$125.98	X
E2311	KA	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER & TWO OR MORE POWER SEATING SYSTEM MOTORS, INCLUDING ALL RELATED ELECTR	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$2,550.69	X
E2311	KR	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER & TWO OR MORE POWER SEATING SYSTEM MOTORS, INCLUDING ALL RELATED ELECTR	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$8.50	X

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E2311	NU	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER & TWO OR MORE POWER SEATING SYSTEM MOTORS, INCLUDING ALL RELAT	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$2,550.69	X
E2311	RB	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER & TWO OR MORE POWER SEATING SYSTEM MOTORS, INCL ELECTRONICS				\$2,550.69	X
E2311	RR	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER & TWO OR MORE POWER SEATING SYSTEM MOTORS, INCLUDING ALL RELAT	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$255.08	X
E2312	KR	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	RNE		X
E2312	NU	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	RNE		X
E2312	RR	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	RNE		X

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E2313	KR	POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, INCLUDING ALL FASTENERS, CONNECTORS & MOUNTING HARDWARE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
E2313	NU	POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, INCLUDING ALL FASTENERS, CONNECTORS & MOUNTING HARDWARE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
E2313	RR	POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, INCLUDING ALL FASTENERS, CONNECTORS & MOUNTING HARDWARE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
E2321	KR	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE JOYSTICK, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$5.70	X
E2321	NU	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE JOYSTICK, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$1,710.83	X
E2321	RB	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE JOYSTICK, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH				\$1,710.83	X
E2321	RR	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE JOYSTICK, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$171.09	X

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E2322	KA	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL SWITCHES, NONPROPORTIONAL, INCL ELECTRONICS, MECHANICAL STOP SWITCH, FIX	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$1,518.40	X
E2322	KR	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL SWITCHES, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$5.06	X
E2322	NU	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL SWITCHES, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$1,518.40	X
E2322	RB	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULT MECHANICAL SWITCHES, NONPROPORTIONAL, INCL ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH				\$1,518.40	X
E2322	RR	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL SWITCHES, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$151.83	X
E2323	KA	POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFBRICATED	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$74.45	X
E2323	KR	POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFABRICATED	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$0.24	X

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E2323	NU	POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFABRICATED	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$74.45	X
E2323	RB	POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFABRICATED				\$74.45	X
E2323	RR	POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFABRICATED	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$7.45	X
E2324	KA	POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTERFACE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$47.17	X
E2324	KR	POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTERFACE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$0.15	X
E2324	NU	POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTERFACE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$47.17	X
E2324	RR	POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTERFACE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$4.70	X
E2325	KA	POWER WHEELCHAIR ACCESSORY, SIP & PUFF INTERFACE, NONPORPORTIONAL, INCL ALL ELECTRONICS, MECHANICAL STOP SWITCH, MANUAL SWINGAWAY MOUNTING HAR	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$1,450.00	X
E2325	KR	POWER WHEELCHAIR ACCESSORY, SIP & PUFF INTERFACE, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH & MANUAL SWIN	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$4.83	X

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E2325	NU	POWER WHEELCHAIR ACCESSORY, SIP & PUFF INTERFACE, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH & MANUAL SWIN	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$1,450.00	X
E2325	RB	POWER WHEELCHAIR ACCESSORY, SIP & PUFF INTERFACE, NONPROPORTIONAL, INCL ALL ELECTRONICS, MECH STOP SWITCH, MAN SWINGAWAY MOUNTING HARDWARE				\$1,450.00	X
E2325	RR	POWER WHEELCHAIR ACCESSORY, SIP & PUFF INTERFACE, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH & MANUAL	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$145.01	X
E2326	KA	POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP & PUFF INTERFACE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$373.73	X
E2326	KR	POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP & PUFF INTERFACE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$1.24	X
E2326	NU	POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP & PUFF INTERFACE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$373.73	X
E2326	RB	POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP & PUFF INTERFACE				\$373.73	X
E2326	RR	POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP & PUFF INTERFACE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$37.39	X
E2327	KA	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL DIRECTION CHANGE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$2,812.50	X

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E2327	KR	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL DIRECTION CHANGE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$9.37	X
E2327	NU	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL DIRECTION CHANGE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$2,812.50	X
E2327	RR	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL DIRECTION CHANGE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$281.25	X
E2328	KA	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL INTERFACE, ELECTRONIC, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS & FIXED	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$5,334.93	X
E2328	KR	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL INTERFACE, & ELECTRONIC, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS				\$17.78	X
E2328	NU	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL INTERFACE, ELECTRONIC, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$5,334.93	X

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E2328	RB	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL INTERFACE, ELECTRONIC, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS & FIXED				\$5,334.93	X
E2328	RR	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL INTERFACE, ELECTRONIC, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$533.48	X
E2329	KA	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$1,901.42	X
E2329	KR	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$6.33	X
E2329	NU	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$1,901.42	X
E2329	RB	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL				\$1,901.42	X

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E2329	RR	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$190.13	X
E2330	KA	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$3,684.24	X
E2330	KR	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$12.28	X
E2330	NU	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$3,684.24	X
E2330	RB	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL				\$3,684.24	X
E2330	RR	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$368.41	X

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E2331	KA	POWER WHEELCHAIR ACCESSORY, ATTENDANT CONTROL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS & FIXED MOUNTING HARDWARE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
E2331	KR	POWER WHEELCHAIR ACCESSORY, ATTENDANT CONTROL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS & FIXED MOUNTING HARDWARE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
E2331	NU	POWER WHEELCHAIR ACCESSORY, ATTENDANT CONTROL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS & FIXED MOUNTING HARDWARE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
E2331	RB	POWER WHEELCHAIR ACCESSORY, ATTENDANT CONTROL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS & FIXED MOUNTING HARDWARE				RNE	X
E2331	RR	POWER WHEELCHAIR ACCESSORY, ATTENDANT CONTROL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS & FIXED MOUNTING HARDWARE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
E2340	KA	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 20-23 INCHES	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$385.81	X
E2340	KR	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 20-23 INCHES	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$1.28	X
E2340	NU	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 20-23 INCHES	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$385.81	X

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E2340	RB	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 20-23 INCHES				\$385.81	X
E2340	RR	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 20-23 INCHES	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$38.59	X
E2341	KA	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$578.76	X
E2341	KR	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$1.92	X
E2341	NU	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$578.76	X
E2341	RB	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES				\$578.76	X
E2341	RR	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$57.87	X
E2342	KA	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 OR 21 INCHES	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$482.29	X
E2342	KR	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 OR 21 INCHES	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$1.60	X

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E2342	NU	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 OR 21 INCHES	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$482.29	X
E2342	RA	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 OR 21 INCHES				\$482.29	X
E2342	RB	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 OR 21 INCHES				\$482.29	X
E2342	RR	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 OR 21 INCHES	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$48.23	X
E2343	KA	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22-25 INCHES	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$771.69	X
E2343	KR	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22-25 INCHES	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$2.57	X
E2343	NU	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22-25 INCHES	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$771.69	X
E2343	RB	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22-25 INCHES				\$771.69	X
E2343	RR	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22-25 INCHES	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$77.16	X

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E2351	KA	POWER WHEELCHAIR ACCESSORY, ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING DEVICE USING POWER WHEELCHAIR CONTROL INTERFACE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$752.15	X
E2351	KR	POWER WHEELCHAIR ACCESSORY, ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING DEVICE USING POWER WHEELCHAIR CONTROL INTERFACE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$2.50	X
E2351	NU	POWER WHEELCHAIR ACCESSORY, ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING DEVICE USING POWER WHEELCHAIR CONTROL INTERFACE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$752.15	X
E2351	RB	POWER WHEELCHAIR ACCESSORY, ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING DEVICE USING POWER WHEELCHAIR CONTROL INTERFACE				\$752.15	X
E2351	RR	POWER WHEELCHAIR ACCESSORY, ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING DEVICE USING POWER WHEELCHAIR CONTROL INTERFACE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$75.23	X
E2359	NU	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY (E.G. GELCELL, ABSORBED GLASSMAT)		EACH		RNE	X
E2360	KA	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$113.81	X
E2360	KR	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$0.37	X
E2360	NU	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$113.81	X

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E2360	RB	POWER WHEELCHAIR ACCESSORY, 22NF NON-SEALED LEAD ACID BATTERY		EACH		\$113.81	X
E2360	RR	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$11.36	X
E2361	KA	POWER WHEELCHAIR ACCESSORY, 22 NF SEALED LEAD ACID BATTERY, (E.G. GEL CELL, ABSORBED GLASSMAT)	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$147.65	X
E2361	KR	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, (E.G. GEL CELL, ABSORBED GLASSMAT)	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$0.49	X
E2361	NU	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, (E.G. GEL CELL, ABSORBED GLASSMAT)	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$147.65	X
E2361	RB	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, (E.G. GEL CELL, ABSORBED GLASSMAT)		EACH		\$147.65	X
E2361	RR	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, (E.G. GEL CELL, ABSORBED GLASSMAT)	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$14.77	X
E2362	KA	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$97.36	X
E2362	KR	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$0.32	X
E2362	NU	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$97.36	X
E2362	RB	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY		EACH		\$97.36	X

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E2362	RR	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$9.73	X
E2363	KA	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY (E.G.GEL CELL, ABSORBED GLASSMAT)	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$196.90	X
E2363	KR	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY (E.G. GEL CELL, ABSORBED GLASSMAT)	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$0.65	X
E2363	NU	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY (E.G. GEL CELL, ABSORBED GLASSMAT)	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$196.90	X
E2363	RB	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY (E.G.GEL CELL, ABSORBED GLASSMAT)		EACH		\$196.90	X
E2363	RR	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY (E.G. GEL CELL, ABSORBED GLASSMAT)	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$19.70	X
E2364	KA	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$113.81	X
E2364	KR	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$0.37	X
E2364	NU	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$113.81	X
E2364	RB	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY		EACH		\$113.81	X
E2364	RR	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$11.36	X

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E2365	KA	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, (E.G. GEL CELL, ABSORBED GLASSMAT)	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$118.76	X
E2365	KR	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, (E.G. GEL CELL, ABSORBED GLASSMAT)	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$0.39	X
E2365	NU	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, (E.G. GEL CELL, ABSORBED GLASSMAT)	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$118.76	X
E2365	RB	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, (E.G. GEL CELL, ABSORBED GLASSMAT)		EACH		\$118.76	X
E2365	RR	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, (E.G. GEL CELL, ABSORBED GLASSMAT)	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$11.87	X
E2366	KA	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE W/ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$283.81	X
E2366	KR	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE W/ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$0.94	X
E2366	NU	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE W/ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$283.81	X
E2366	RB	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR		EACH		\$283.81	X

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		USE W/ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED					
E2366	RR	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE W/ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$28.45	X
E2367	KA	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE W/EITHER BATTERY TYPE, SEALED OR NON-SEALED	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$451.18	X
E2367	KR	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE W/EITHER BATTERY TYPE, SEALED OR NON-SEALED	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$1.50	X
E2367	NU	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE W/EITHER BATTERY TYPE, SEALED OR NON-SEALED	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$451.18	X
E2367	RB	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE W/EITHER BATTERY TYPE, SEALED OR NON-SEALED		EACH		\$451.18	X
E2367	RR	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE W/EITHER BATTERY TYPE, SEALED OR NON-SEALED	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$45.12	X
E2368	RB	POWER WHEELCHAIR COMPONENT, MOTOR		REPLACEMENT ONLY		\$556.14	X
E2369	RB	POWER WHEELCHAIR COMPONENT, GEAR BOX		REPLACEMENT ONLY		\$484.40	X

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E2370	RB	POWER WHEELCHAIR COMPONENT, MOTOR & GEAR BOX COMBINATION		REPLACEMENT ONLY		\$864.34	X
E2371	KR	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E.G. GEL CELL, ABSORBED GLASSMAT)	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$0.54	X
E2371	NU	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E.G. GEL CELL, ABSORBED GLASSMAT)	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$162.28	X
E2371	RB	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E.G. GELCELL, ABSORBED GLASSMAT)		EACH		\$162.28	X
E2371	RR	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E.G. GEL CELL, ABSORBED GLASSMAT)	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$16.23	X
E2372	KR	POWER WHEELCHAIR ACCESSORY, GROUP 27 NON-SEALED LEAD ACID BATTERY	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
E2372	NU	POWER WHEELCHAIR ACCESSORY, GROUP 27 NON-SEALED LEAD ACID BATTERY	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
E2372	RB	POWER WHEELCHAIR ACCESSORY, GROUP 27 NON-SEALED LEAD ACID BATTERY		EACH		RNE	X
E2372	RR	POWER WHEELCHAIR ACCESSORY, GROUP 27 NON-SEALED LEAD ACID BATTERY	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
E2373	KR	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, COMPACT REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$2.42	X

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E2373	NU	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, COMPACT REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$727.70	X
E2373	RB	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, COMPACT REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$727.70	X
E2373	RR	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, COMPACT REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$72.78	X
E2374	RB	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, STANDARD REMOTE JOYSTICK (NOT INCLUDING CONTROLLER)		REPLACEMENT ONLY		\$574.92	X
E2375	RB	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS & MOUNTING HARDWARE		REPLACEMENT ONLY		\$922.17	X
E2376	RB	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS & MOUNTING HARDWARE		REPLACEMENT ONLY		\$1,485.74	X
E2377	KR	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS & MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$1.74	X

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E2377	NU	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS & MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$522.91	X
E2377	RR	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS & MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$52.28	X
E2378	RB	POWER WHEELCHAIR COMPONENT, ACTUATOR		REPLACEMENT ONLY		RNE	X
E2381	RB	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE		EACH, REPLACEMENT ONLY		\$80.42	X
E2382	RB	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE		EACH, REPLACEMENT ONLY		\$22.58	X
E2383	RB	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE		EACH, REPLACEMENT ONLY		\$165.30	X
E2384	RB	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE		EACH, REPLACEMENT ONLY		\$88.08	X
E2385	RB	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE		EACH, REPLACEMENT ONLY		\$53.87	X
E2386	RB	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE		EACH, REPLACEMENT ONLY		\$163.79	X
E2387	RB	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE		EACH, REPLACEMENT ONLY		\$70.66	X
E2388	RB	POWER WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE		EACH, REPLACEMENT ONLY		\$55.77	X

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E2389	RB	POWER WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE		EACH, REPLACEMENT ONLY		\$30.28	X
E2390	RB	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE		EACH, REPLACEMENT ONLY		\$47.36	X
E2391	RB	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE		EACH, REPLACEMENT ONLY		\$22.69	X
E2392	RB	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE W/INTEGRATED WHEEL, ANY SIZE		EACH, REPLACEMENT ONLY		\$59.63	X
E2394	RB	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE		EACH, REPLACEMENT ONLY		\$84.94	X
E2395	RB	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE		EACH, REPLACEMENT ONLY		\$60.37	X
E2396	RB	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE		EACH, REPLACEMENT ONLY		\$73.61	X
E2397	NU	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$474.37	X
		WOUND THERAPY, DME					
E2402	KR	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$123.51	X
		SPEECH GENERATING DEVICE, DME					
E2500	KR	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, LESS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$1.40	

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E2500	NU	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, LESS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$421.01	
E2500	RR	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, LESS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$42.10	
E2502	KR	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 8 MINUTES BUT LESS THAN OR EQUAL TO 20 MINUTES RECO	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$4.29	
E2502	NU	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 8 MINUTES BUT LESS THAN OR EQUAL TO 20 MINUTES RECO	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$1,287.40	
E2502	RR	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 8 MINUTES BUT LESS THAN OR EQUAL TO 20 MINUTES RECO	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$128.75	
E2504	KR	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 20 MINUTES BUT LESS THAN OR EQUAL TO 40 MINUTES REC	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$5.66	
E2504	NU	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 20 MINUTES BUT LESS THAN OR EQUAL TO 40 MINUTES REC	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$1,698.26	

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E2504	RR	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 20 MINUTES BUT LESS THAN OR EQUAL TO 40 MINUTES REC	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$169.84	
E2506	KR	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 40 MINUTES RECORDING TIME	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$8.30	
E2506	NU	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 40 MINUTES RECORDING TIME	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$2,490.14	
E2506	RR	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 40 MINUTES RECORDING TIME	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$249.00	
E2508	KR	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, REQUIRING MESSAGE FORMULATION BY SPELLING & ACCESS BY PHYSICAL CONTACT W/THE DEVICE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$12.83	
E2508	NU	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, REQUIRING MESSAGE FORMULATION BY SPELLING & ACCESS BY PHYSICAL CONTACT W/THE DEVICE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$3,850.60	
E2508	RR	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, REQUIRING MESSAGE FORMULATION BY SPELLING & ACCESS BY PHYSICAL CONTACT W/THE DEVICE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$385.07	

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E2510	KR	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION & MULTIPLE METHODS OF DEVICE ACCESS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$24.28	
E2510	NU	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION & MULTIPLE METHODS OF DEVICE ACCESS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$7,286.74	
E2510	RR	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION & MULTIPLE METHODS OF DEVICE ACCESS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$728.66	
E2511	KR	SPEECH GENERATING SOFTWARE PROGRAM, FOR PERSONAL COMPUTER OR PERSONAL DIGITAL ASSISTANT	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	
E2511	NU	SPEECH GENERATING SOFTWARE PROGRAM, FOR PERSONAL COMPUTER OR PERSONAL DIGITAL ASSISTANT	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	RNE	
E2511	RR	SPEECH GENERATING SOFTWARE PROGRAM, FOR PERSONAL COMPUTER OR PERSONAL DIGITAL ASSISTANT	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	
E2512	KR	ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	
E2512	NU	ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	
E2512	RB	ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	

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E2512	RR	ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	
E2599	NU	ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASSIFIED	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	
E2599	RB	ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASSIFIED				RNE	
E2599	RR	ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASSIFIED	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	
		WHEELCHAIR CUSHION, DME					
E2601	KR	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH				\$0.21	X
E2601	NU	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH			X	\$65.84	X
E2601	RR	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH				\$6.59	X
E2602	KR	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH				\$0.42	X
E2602	NU	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH			X	\$128.54	X
E2602	RR	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH				\$12.85	X
E2603	KR	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH				\$0.54	X

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E2603	NU	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH			X	\$163.20	X
E2603	RR	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH				\$16.33	X
E2604	KR	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH				\$0.67	X
E2604	NU	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH			X	\$202.84	X
E2604	RR	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH				\$20.27	X
E2605	KR	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH				\$0.96	X
E2605	NU	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH			X	\$289.79	X
E2605	RR	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH				\$28.99	X
E2606	KR	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH				\$1.50	X
E2606	NU	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH			X	\$452.09	X
E2606	RR	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH				\$45.22	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
E2607	KR	SKIN PROTECTION & POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH				\$1.04	X
E2607	NU	SKIN PROTECTION & POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH			X	\$312.05	X
E2607	RR	SKIN PROTECTION & POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH				\$31.21	X
E2608	KR	SKIN PROTECTION & POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH				\$1.24	X
E2608	NU	SKIN PROTECTION & POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH			X	\$374.75	X
E2608	RR	SKIN PROTECTION & POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH				\$37.46	X
E2609	KR	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE				RNE	X
E2609	NU	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE			X	RNE	X
E2609	RR	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE				RNE	X
E2611	KR	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$1.12	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
E2611	NU	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$336.27	X
E2611	RR	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$33.62	X
E2612	KR	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$1.51	X
E2612	NU	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$454.90	X
E2612	RR	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$45.48	X
E2613	KR	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$1.41	X
E2613	NU	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$423.14	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
E2613	RR	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$42.32	X
E2614	KR	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$1.95	X
E2614	NU	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$585.59	X
E2614	RR	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$58.56	X
E2615	KA	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING & TYPE MOUNTING HARDWARE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$486.97	X
E2615	KR	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$1.62	X
E2615	NU	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$486.97	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
E2615	RB	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE				\$486.97	X
E2615	RR	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$48.70	X
E2616	KR	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$2.18	X
E2616	NU	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$655.20	X
E2616	RR	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$65.52	X
E2617	KR	CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE MOUNTING HARDWARE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
E2617	NU	CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE MOUNTING HARDWARE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	RNE	X
E2617	RR	CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE MOUNTING HARDWARE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
E2619	RB	REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK CUSHION		EACH		\$55.25	X
E2620	KR	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK W/LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$1.96	X
E2620	NU	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK W/LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$589.65	X
E2620	RR	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK W/LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$58.96	X
E2621	KR	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK W/LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$2.06	X
E2621	NU	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK W/LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$618.79	X
E2621	RR	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK W/LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$61.87	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
E2622	NU	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$356.86	X
E2622	RR	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$35.69	X
E2623	KR	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH			RNE		X
E2623	NU	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH			X	\$402.55	X
E2623	RR	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH				\$40.25	X
E2624	NU	SKIN PROTECTION & POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$370.06	X
E2624	RR	SKIN PROTECTION & POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$37.01	X
E2625	NU	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$468.47	X
E2625	RR	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$40.41	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
		GAIT TRAINER, DME					
E8000	KR	GAIT TRAINER, PEDIATRIC SIZE, POSTERIOR SUPPORT, INCLUDES ALL ACCESSORIES & COMPONENTS				RNE	
E8000	NU	GAIT TRAINER, PEDIATRIC SIZE, POSTERIOR SUPPORT, INCLUDES ALL ACCESSORIES & COMPONENTS			X	RNE	
E8000	RR	GAIT TRAINER, PEDIATRIC SIZE, POSTERIOR SUPPORT, INCLUDES ALL ACCESSORIES & COMPONENTS				RNE	
E8001	KR	GAIT TRAINER, PEDIATRIC SIZE, UPRIGHT SUPPORT, INCLUDES ALL ACCESSORIES & COMPONENTS				RNE	
E8001	NU	GAIT TRAINER, PEDIATRIC SIZE, UPRIGHT SUPPORT, INCLUDES ALL ACCESSORIES & COMPONENTS			X	RNE	
E8001	RR	GAIT TRAINER, PEDIATRIC SIZE, UPRIGHT SUPPORT, INCLUDES ALL ACCESSORIES & COMPONENTS				RNE	
E8002	KR	GAIT TRAINER, PEDIATRIC SIZE, ANTERIOR SUPPORT, INCLUDES ALL ACCESSORIES & COMPONENTS				RNE	
E8002	NU	GAIT TRAINER, PEDIATRIC SIZE, ANTERIOR SUPPORT, INCLUDES ALL ACCESSORIES & COMPONENTS			X	RNE	
E8002	RR	GAIT TRAINER, PEDIATRIC SIZE, ANTERIOR SUPPORT, INCLUDES ALL ACCESSORIES & COMPONENTS				RNE	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
		EQUIPMENT, REPLACEMENT, REPAIR, RENTAL, DME					
K0001	KR	STANDARD WHEELCHAIR				\$1.91	
K0001	LL	STANDARD WHEELCHAIR		SEE CONVERSION, RENTAL TO PURCHASE, 471 NAC 7-010.09.	X	RNE	
K0001	NU	STANDARD WHEELCHAIR			X	\$573.50	
K0001	RR	STANDARD WHEELCHAIR				\$57.35	
K0001	UE	STANDARD CHAIR, (USED EQUIPMENT)			X	RNE	
K0002	KR	STANDARD HEMI (LOW SEAT) WHEELCHAIR				\$2.79	
K0002	NU	STANDARD HEMI (LOW SEAT) WHEELCHAIR			X	\$838.89	
K0002	RR	STANDARD HEMI (LOW SEAT) WHEELCHAIR				\$83.88	
K0003	KR	LT WT WHEELCHAIR	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$3.21	X
K0003	NU	LT WT WHEELCHAIR	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$964.53	X
K0003	RR	LT WT WHEELCHAIR	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$96.45	X
K0004	KR	HIGH STRENGTH, LT WT WHEELCHAIR	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$4.79	X
K0004	NU	HIGH STRENGTH , LT WT WHEELCHAIR	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$1,438.77	X
K0004	RR	HIGH STRENGTH, LT WT WHEELCHAIR	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$143.87	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
K0005	KR	ULTRALIGHT WT WHEELCHAIR	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$6.52	X
K0005	NU	ULTRALIGHT WT WHEELCHAIR	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$1,957.09	X
K0005	RR	ULTRALIGHT WT WHEELCHAIR	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$195.70	X
K0006	KR	HEAVY DUTY WHEELCHAIR	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$4.30	X
K0006	NU	HEAVY DUTY WHEELCHAIR	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$1,292.46	X
K0006	RR	HEAVY DUTY WHEELCHAIR	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$129.24	X
K0007	KR	EXTRA HEAVY DUTY WHEELCHAIR	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$6.40	X
K0007	NU	EXTRA HEAVY DUTY WHEELCHAIR	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$1,921.74	X
K0007	RR	EXTRA HEAVY DUTY WHEELCHAIR	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$192.17	X
K0007	UE	EXTRA HEAVY DUTY WHEELCHAIR	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$1,441.30	X
K0008		CUSTOM MANUAL WHEELCHAIR BASE			X	RNE	X
K0009	KR	OTHER MANUAL WHEELCHAIR BASE				RNE	X
K0009	NU	OTHER MANUAL WHEELCHAIR BASE			X	RNE	X
K0009	RR	OTHER MANUAL WHEELCHAIR BASE				RNE	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
K0009	UE	OTHER MANUAL WHEELCHAIR/BASE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	RNE	X
K0010	KR	STANDARD WT FRAME MOTORIZED/POWER WHEELCHAIR	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$15.28	X
K0010	NU	STANDARD WT FRAME MOTORIZED/POWER WHEELCHAIR	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$4,586.23	X
K0010	RR	STANDARD WT FRAME MOTORIZED/POWER WHEELCHAIR	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$458.62	X
K0011	KR	STANDARD WT FRAME MOTORIZED/POWER WHEELCHAIR, W/PROGRAMMABLE CONTROL	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$18.38	X
K0011	NU	STANDARD WT FRAME MOTORIZED/POWER WHEELCHAIR W/PROGRAMMABLE CONTROL	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$5,515.24	X
K0011	RR	STANDARD WT FRAME MOTORIZED/POWER WHEELCHAIR W/PROGRAMMABLE CONTROL	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$551.52	X
K0012	KR	LT WT PORTABLE MOTORIZED/POWER WHEELCHAIR	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$11.66	X
K0012	NU	LT WT PORTABLE MOTORIZED/POWER WHEELCHAIR	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$3,498.11	X
K0012	RR	LT WT PORTABLE MOTORIZED/POWER WHEELCHAIR	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$349.81	X
K0013		CUSTOM MOTORIZED/POWER WHEELCHAIR BASE				RNE	X
K0014	KR	OTHER MOTORIZED/POWER WHEELCHAIR BASE				RNE	X
K0014	NU	OTHER MOTORIZED/POWER WHEELCHAIR BASE			X	RNE	X

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K0014	RR	OTHER MOTORIZED/POWER WHEELCHAIR BASE				RNE	X
K0015	RA	DETACHABLE,NON ADJ HT ARMREST		EACH		\$192.35	X
K0015	RB	DETACHABLE,NON ADJ HT ARMREST		EACH		\$192.35	X
K0017	RB	DETACHABLE, ADJ HEIGHT ARMREST, BASE		EACH		\$54.09	X
K0018	RB	DETACHABLE, ADJ HEIGHT ARMREST, UPPER PORTION		EACH		\$30.24	X
K0019	RB	ARM PAD		EACH		\$18.56	X
K0020	KR	FIXED, ADJ HEIGHT ARMREST	X	PAIR, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$0.16	X
K0020	NU	FIXED, ADJUSTABLE HEIGHT ARMREST	X	PAIR, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$49.16	X
K0020	RB	FIXED, ADJ HEIGHT ARMREST		PAIR		\$49.16	X
K0020	RR	FIXED, ADJ HEIGHT ARMREST	X	PAIR, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$4.93	X
K0037	KA	HIGH MOUNT FLIP-UP FOOTREST	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$44.07	X
K0037	KR	HIGH MOUNT FLIP-UP FOOTREST	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$0.13	X
K0037	NU	HIGH MOUNT FLIP-UP FOOTREST	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$44.07	X
K0037	RB	HIGH MOUNT FLIP-UP FOOTREST		EACH		\$44.07	X
K0037	RR	HIGH MOUNT FLIP-UP FOOTREST	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$3.94	X

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K0038	KA	LEG STRAP		EACH		\$25.66	X
K0038	KR	LEG STRAP	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$0.08	X
K0038	NU	LEG STRAP	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$25.66	X
K0038	RB	LEG STRAP		EACH		\$25.66	X
K0038	RR	LEG STRAP	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$2.56	X
K0039	KA	LEG STRAP, H STYLE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$57.04	X
K0039	KR	LEG STRAP, H STYLE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$0.19	X
K0039	NU	LEG STRAP, H STYLE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$57.04	X
K0039	RB	LEG STRAP, H STYLE		EACH		\$57.04	X
K0039	RR	LEG STRAP, H STYLE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$5.72	X
K0040	KA	ADJ ANGLE FOOTPLATE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$79.03	X
K0040	KR	ADJ ANGLE FOOTPLATE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$0.26	X
K0040	NU	ADJ ANGLE FOOTPLATE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$79.03	X
K0040	RB	ADJ ANGLE FOOTPLATE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$79.03	X

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K0040	RR	ADJ ANGLE FOOTPLATE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$7.91	X
K0041	KR	LARGE SIZE FOOTPLATE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$0.18	X
K0041	NU	LARGE SIZE FOOTPLATE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$56.03	X
K0041	RR	LARGE SIZE FOOTPLATE	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$5.58	X
K0042	RB	STANDARD SIZE FOOTPLATE				\$33.34	X
K0043	RB	FOOTREST, LOWER EXTENSION TUBE		EACH		\$20.67	X
K0044	RB	FOOTREST, UPPER HANGER BRACKET		EACH		\$17.62	X
K0045	RB	FOOTREST, COMPLETE ASSEMBLY				\$51.81	X
K0046	RB	ELEVATING LEGREST, LOWER EXTENSION TUBE		EACH		\$20.67	X
K0047	RB	ELEVATING LEGREST, UPPER HANGER BRACKET		EACH		\$80.93	X
K0050	RB	RATCHET ASSEMBLY				\$34.40	X
K0051	RB	CAM RELEASE ASSEMBLY, FOOTREST OR LEGREST		EACH		\$55.68	X
K0052	RB	SWINGAWAY, DETACHABLE FOOTRESTS		EACH		\$97.86	X
K0053	KA	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING)	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$107.99	X
K0053	KR	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING)	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$0.36	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
K0053	NU	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING)	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$107.99	X
K0053	RB	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING)		EACH		\$107.99	X
K0053	RR	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING)	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$10.80	X
K0056	KR	SEAT HT <17" OR >21" FOR HIGH STRGTH, LTWT OR ULTRALTWT WC	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$0.33	X
K0056	NU	SEAT HT <17" OR >21" FOR HIGH STRGTH, LTWT OR ULTRALTWT WC	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$100.67	X
K0056	RR	SEAT HT <17" OR >21" FOR HIGH STRGTH, LTWT OR ULTRALTWT WC	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$10.07	X
K0065	KA	SPOKE PROTECTORS	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$47.05	X
K0065	KR	SPOKE PROTECTORS	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$0.15	X
K0065	NU	SPOKE PROTECTORS	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$47.05	X
K0065	RB	SPOKE PROTECTORS		EACH		\$47.05	X
K0065	RR	SPOKE PROTECTORS	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$4.69	X
K0069	RB	REAR WHEEL ASSEMBLY, COMPLETE, W/SOLID TIRE, SPOKES OR MOLDED		EACH		\$105.75	X
K0070	RA	REAR WHEEL ASSEMBLY, COMPLETE, W/PNEUMATIC TIRE, SPOKES OR MOLDED		EACH		\$193.90	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
K0070	RB	REAR WHEEL ASSEMBLY, COMPLETE, W/PNEUMATIC TIRE, SPOKES OR MOLDED		EACH		\$193.90	X
K0071	RB	FRONT CASTER ASSEMBLY, COMPLETE, W/PNEUMATIC TIRE		EACH		\$115.63	X
K0072	RB	FRONT CASTER ASSEMBLY, COMPLETE, W/SEMI-PNEUMATIC TIRE		EACH		\$65.41	X
K0073	KA	CASTER PIN LOCK		EACH		\$35.42	X
K0073	KR	CASTER PIN LOCK		EACH		\$0.11	X
K0073	NU	CASTER PIN LOCK		EACH		\$35.42	X
K0073	RB	CASTER PIN LOCK		EACH		\$35.42	X
K0073	RR	CASTER PIN LOCK	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$3.54	X
K0077	RB	FRONT CASTER ASSEMBLY, COMPLETE, W/SOLID TIRE		EACH		\$62.27	X
K0098	RB	DRIVE BELT FOR PWR WHLCHR				\$24.77	X
K0105	KA	IV HANGER	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$105.24	X
K0105	KR	IV HANGER	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$0.35	X
K0105	NU	IV HANGER	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$105.24	X
K0105	RB	IV HANGER				\$105.24	X
K0105	RR	IV HANGER	X	EACH, PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$10.50	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
K0108	KA	OTHER ACCESSORIES (WHEELCHAIR)	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
K0108	KR	OTHER ACCESSORIES (WHEELCHAIR)	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
K0108	NU	OTHER ACCESSORIES (WHEELCHAIR)	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
K0108	RB	OTHER ACCESSORIES (WHEELCHAIR)				RNE	X
K0108	RR	OTHER ACCESSORIES (WHEELCHAIR)	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
K0108	UE	OTHER ACCESSORIES (WHEELCHAIR)	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
K0552		SUPPLIES FOR EXTERNAL INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE		EACH		\$2.80	
K0601		REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 1.5 VOLT		EACH		\$1.18	
K0602		REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 3 VOLT		EACH		\$7.47	
K0603		REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, ALKALINE, 1.5 VOLT		EACH		\$0.67	
K0604		REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 3.6 VOLT		EACH		\$7.14	

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K0605		REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 4.5 VOLT		EACH		\$17.15	
K0606	KR	AUTOMATIC EXTERNAL DEFIBRILLATOR, W/INTEGRATED ELECTROCARDIOGRAM ANALYSIS, GARMENT TYPE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$92.95	
K0606	RR	AUTOMATIC EXTERNAL DEFIBRILLATOR, W/INTEGRATED ELECTROCARDIOGRAM ANALYSIS, GARMENT TYPE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$2,788.58	
K0730		CONTROLLED DOSE INHALATION DRUG DELIVERY SYSTEM			X	\$1,908.28	
K0733	KR	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$0.10	X
K0733	NU	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$32.52	X
K0733	RB	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)				\$32.52	X
K0733	RR	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$3.27	X
K0738	KR	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR TO FILL PORT O2 CYLINDERS, INCL PORT CONTAINERS,				\$1.85	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
		REG, FLOWMETER, HUMID, CANNULA/MASK,TUBE					
K0738	RR	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR TO FILL PORT O2*CYLINDERS, INCL PORT CONTAINERS, REG, FLOWMETER, HUMID, CANNULA/MASK,TUBE				\$55.58	
K0739		REPAIR OR NONROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT OTHER THAN OXYGEN REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT		PER/15 MINUTE		\$11.01	
		POWER OPERATED VEHICLE & ACCESSORIES, DME					
K0800	KR	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS				\$4.63	X
K0800	LL	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	SEE CONVERSION, RENTAL TO PURCHASE, 471 NAC 7-010.09.	X	RNE	X
K0800	NU	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS			X	\$1,391.80	X
K0800	RA	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS			X	\$1,391.80	X
K0800	RR	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS				\$139.18	X

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K0801	KR	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS				\$7.47	X
K0801	NU	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS			X	\$2,243.88	X
K0801	RA	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS			X	\$2,243.88	X
K0801	RR	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS				\$224.36	X
K0802	KR	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS				\$8.46	X
K0802	NU	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS			X	\$2,539.35	X
K0802	RA	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS			X	\$2,539.35	X
K0802	RR	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS				\$253.92	X
K0806	KR	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS				\$5.61	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
K0806	NU	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS			X	\$1,683.71	X
K0806	RA	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS			X	\$1,683.71	X
K0806	RR	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS				\$168.37	X
K0807	KR	POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS				\$8.51	X
K0807	NU	POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS			X	\$2,554.84	X
K0807	RA	POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS			X	\$2,554.84	X
K0807	RR	POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS				\$255.47	X
K0808	KR	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS				\$13.17	X
K0808	NU	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS			X	\$3,952.87	X
K0808	RA	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS			X	\$3,952.87	X

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K0808	RR	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS				\$395.27	X
K0812	KR	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED				RNE	X
K0812	NU	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED			X	RNE	X
K0812	RA	POWER OPERATED VEHICLE, NOT OTHERWISE SPECIFIED			X	RNE	X
K0812	RR	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED				RNE	X
		POWER WHEELCHAIRS, DME					
K0813	KR	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT & BACK, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$8.65	X
K0813	NU	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT & BACK, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$2,597.20	X
K0813	RA	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT & BACK, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$2,597.20	X
K0813	RR	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT & BACK, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$259.72	X

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K0814	KR	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$11.08	X
K0814	NU	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$3,324.34	X
K0814	RA	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$3,324.34	X
K0814	RR	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$332.43	X
K0815	KR	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT & BACK, PATIENT WEIGHTCAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$12.61	X
K0815	NU	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT & BACK, PATIENT WEIGHTCAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$3,785.67	X
K0815	RR	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT & BACK, PATIENT WEIGHTCAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$378.56	X
K0816	KR	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$12.08	X

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K0816	NU	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$3,625.36	X
K0816	RA	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$3,625.36	X
K0816	RR	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$362.53	X
K0820	KR	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$9.24	X
K0820	NU	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$2,773.98	X
K0820	RA	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK,PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$2,773.98	X
K0820	RR	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$277.39	X
K0821	KR	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$11.87	X

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K0821	NU	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$3,561.09	X
K0821	RA	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$3,561.09	X
K0821	RR	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$356.10	X
K0822	KR	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$14.34	X
K0822	NU	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$4,303.73	X
K0822	RA	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$4,303.73	X
K0822	RR	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$430.37	X
K0823	KR	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$14.43	X
K0823	NU	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$4,331.94	X

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K0823	RA	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$4,331.94	X
K0823	RR	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$433.19	X
K0824	KR	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$17.37	X
K0824	NU	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$5,213.68	X
K0824	RA	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$5,213.68	X
K0824	RR	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$521.36	X
K0825	KR	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$15.90	X
K0825	NU	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$4,772.81	X
K0825	RA	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$4,772.81	X

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K0825	RR	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$477.28	X
K0826	KR	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$22.49	X
K0826	NU	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$6,749.57	X
K0826	RA	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$6,749.57	X
K0826	RR	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$674.95	X
K0827	KR	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$19.13	X
K0827	NU	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$5,739.28	X
K0827	RA	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$5,739.28	X

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K0827	RR	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$573.92	X
K0828	KR	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$24.79	X
K0828	NU	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$7,437.41	X
K0828	RA	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$7,437.41	X
K0828	RR	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$743.74	X
K0829	KR	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$22.76	X
K0829	NU	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$6,829.67	X
K0829	RA	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$6,829.67	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
K0829	RR	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$682.96	X
K0830	KR	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
K0830	NU	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	RNE	X
K0830	RA	POWER WHEELCHAIR, GROUP 2 STANDARD SEAT ELEVATOR, SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	RNE	X
K0830	RR	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
K0831	KR	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
K0831	NU	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	RNE	X
K0831	RA	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	RNE	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
K0831	RR	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
K0835	KR	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$14.56	X
K0835	NU	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$4,368.22	X
K0835	RA	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$4,368.22	X
K0835	RR	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$436.82	X
K0836	KR	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$15.09	X
K0836	NU	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$4,529.82	X

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K0836	RA	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$4,529.82	X
K0836	RR	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$452.98	X
K0837	KR	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$17.37	X
K0837	NU	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$5,213.68	X
K0837	RA	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$5,213.68	X
K0837	RR	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$521.36	X
K0838	KR	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$15.54	X
K0838	NU	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$4,664.18	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
		CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS					
K0838	RA	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$4,664.18	X
K0838	RR	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$466.41	X
K0839	KR	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$22.49	X
K0839	NU	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$6,749.57	X
K0839	RA	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$6,749.57	X
K0839	RR	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$674.95	X
K0840	KR	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$34.08	X

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K0840	NU	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$10,225.93	X
K0840	RA	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$10,225.93	X
K0840	RR	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$1,022.59	X
K0841	KR	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUND	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$15.49	X
K0841	NU	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUND	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$4,649.43	X
K0841	RA	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$4,649.43	X
K0841	RR	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUND	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$464.94	X

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K0842	KR	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$15.49	X
K0842	NU	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$4,649.43	X
K0842	RA	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$4,649.43	X
K0842	RR	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$464.94	X
K0843	KR	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$18.65	X
K0843	NU	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$5,597.92	X
K0843	RA	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$5,597.92	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
K0843	RR	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$559.79	X
K0848	KR	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$18.96	X
K0848	NU	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$5,689.22	X
K0848	RA	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$5,689.22	X
K0848	RR	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$568.92	X
K0849	KR	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$18.23	X
K0849	NU	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$5,469.91	X
K0849	RA	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$5,469.91	X
K0849	RR	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$546.99	X

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K0850	KR	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$21.99	X
K0850	NU	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$6,599.38	X
K0850	RA	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$6,599.38	X
K0850	RR	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$659.93	X
K0851	KR	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$21.15	X
K0851	NU	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$6,345.20	X
K0851	RA	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$6,345.20	X
K0851	RR	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$634.52	X
K0852	KR	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$25.41	X

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K0852	NU	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$7,625.17	X
K0852	RA	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$7,625.17	X
K0852	RR	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$762.51	X
K0853	KR	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$26.10	X
K0853	NU	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$7,832.96	X
K0853	RA	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$7,832.96	X
K0853	RR	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$783.29	X
K0854	KR	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$34.59	X
K0854	NU	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK,	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$10,376.98	X

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		PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE					
K0854	RA	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$10,376.98	X
K0854	RR	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$1,037.69	X
K0855	KR	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$32.67	X
K0855	NU	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$9,802.61	X
K0855	RA	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$9,802.61	X
K0855	RR	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$980.26	X
K0856	KR	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$20.35	X
K0856	NU	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$6,106.84	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
K0856	RA	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK,PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$6,106.84	X
K0856	RR	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$610.68	X
K0857	KR	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$20.76	X
K0857	NU	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$6,229.25	X
K0857	RA	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$6,229.25	X
K0857	RR	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$622.92	X
K0858	KR	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$25.25	X
K0858	NU	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$7,576.73	X

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		SEAT/BACK, PATIENT WEIGHT 301 TO 450 POUNDS					
K0858	RA	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$7,576.73	X
K0858	RR	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$757.67	X
K0859	KR	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$24.08	X
K0859	NU	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$7,225.86	X
K0859	RA	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS SCREEN BATCH	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$7,225.86	X
K0859	RR	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$722.58	X
K0860	KR	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$36.08	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
K0860	NU	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$10,824.31	X
K0860	RA	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$10,824.31	X
K0860	RR	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$1,082.43	X
K0861	KR	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUND	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$20.38	X
K0861	NU	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUND	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$6,116.63	X
K0861	RA	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$6,116.63	X
K0861	RR	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUND	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$611.66	X

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K0862	KR	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$25.25	X
K0862	NU	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$7,576.73	X
K0862	RA	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$7,576.73	X
K0862	RR	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$757.67	X
K0863	KR	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$36.08	X
K0863	NU	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$10,824.31	X
K0863	RA	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$10,824.31	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
K0863	RR	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$1,082.43	X
K0864	KR	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$42.93	X
K0864	NU	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$12,881.06	X
K0864	RA	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$12,881.06	X
K0864	RR	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$1,288.10	X
K0868	KR	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
K0868	NU	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	RNE	X
K0868	RA	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	RNE	X

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K0868	RR	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
K0869	KR	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
K0869	NU	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	RNE	X
K0869	RA	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	RNE	X
K0869	RR	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
K0870	KR	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
K0870	NU	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	RNE	X
K0870	RA	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENTWEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	RNE	X
K0870	RR	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X

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K0871	KR	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
K0871	NU	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	RNE	X
K0871	RA	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	RNE	X
K0871	RR	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
K0877	KR	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
K0877	NU	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	RNE	X
K0877	RA	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLIDSEAT/BACK, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	RNE	X

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K0877	RR	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
K0878	KR	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
K0878	NU	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	RNE	X
K0878	RA	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	RNE	X
K0878	RR	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
K0879	KR	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
K0879	NU	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	RNE	X

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K0879	RA	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	RNE	X
K0879	RR	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
K0880	KR	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 451 TO 600 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
K0880	NU	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 451 TO 600 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	RNE	X
K0880	RA	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 450 TO 600 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	RNE	X
K0880	RR	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 451 TO 600 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
K0884	KR	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUND	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X

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K0884	NU	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUND	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	RNE	X
K0884	RA	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUND	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	RNE	X
K0884	RR	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUND	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
K0885	KR	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
K0885	NU	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	RNE	X
K0885	RA	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	RNE	X
K0885	RR	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X

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K0886	KR	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
K0886	NU	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	RNE	X
K0886	RA	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLIDSEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	RNE	X
K0886	RR	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
K0890	KR	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 125 POUND	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
K0890	NU	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 125 POUND	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	RNE	X
K0890	RA	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK/PATIENT WEIGHT CAPACITY UP TO & INCLUDING 125 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	RNE	X

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K0890	RR	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 125 POUND	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
K0891	KR	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 125 POUND	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
K0891	NU	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 125 POUND	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	RNE	X
K0891	RA	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY UP TO & INCLUDING 125 POUNDS	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	RNE	X
K0891	RR	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO & INCLUDING 125 POUND	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
K0898	KR	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X
K0898	NU	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	RNE	X
K0898	RA	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	RNE	X
K0898	RR	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED	X	PRIOR AUTH REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	X

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
		CERVICAL, ORTHOTICS					
L0112		CRANIAL CERVICAL ORTHOSIS, CONGENITAL TORTICOLLIS TYPE, W/OR W/O SOFT INTERFACE MATERIAL, ADJUSTABLE RANGE OF MOTION JOINT, CUSTOM FAB			X	\$1,293.01	
L0113		CRANIAL CERVICAL ORTHOSIS, TORTICOLLIS TYPE, W/OR W/O JOINT, W/OR W/O SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING	X	PA REQUIRED IF BILLED OVER \$500 EXCEPT FOR IN A NF OR ICF/DD		RNE	
L0120		CERVICAL, FLEXIBLE, NON-ADJUSTABLE (FOAM COLLAR)				\$30.70	
L0130		CERVICAL, FLEXIBLE, THERMOPLASTIC COLLAR, MOLDED TO PATIENT			X	\$141.62	
L0140		CERVICAL, SEMI-RIGID, ADJUSTABLE (PLASTIC COLLAR)				\$74.09	
L0150		CERVICAL, SEMI-RIGID, ADJUSTABLE MOLDED CHIN CUP (PLASTIC COLLAR W/MANDIBULAR/OCCIPITAL PIECE)				\$124.41	
L0160		CERVICAL, SEMI-RIGID, WIRE FRAME OCCIPITAL/MANDIBULAR SUPPORT			X	\$151.17	
L0170		CERVICAL, COLLAR, MOLDED TO PATIENT MODEL			X	\$570.52	
L0172		CERVICAL, COLLAR, SEMI-RIGID, THERMOPLASTIC FOAM, TWO PIECE				\$114.62	
L0174		CERVICAL, COLLAR, SEMI-RIGID, THERMOPLASTIC FOAM, TWO PIECE W/THORACIC EXTENSION			X	\$252.42	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
		MULTIPLE POST COLLAR, ORTHOTICS					
L0180		CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE			X	\$324.02	
L0190		CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE CERVICAL BARS (SOMI, GUILFORD, TAYLOR TYPES)			X	\$455.53	
L0200		CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE CERVICAL BARS & THORACIC EXTENSION			X	\$546.90	
		THORACIC, ORTHOTICS					
L0220		THORACIC, RIB BELT, CUSTOM FABRICATED			X	\$118.46	
L0450		TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES INCLUDES FITTING & ADJUSTMENT			X	\$169.85	
L0452		TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS & CLOSURES, CUSTOM	X	PA REQUIRED IF BILLED OVER \$500 EXCEPT FOR IN A NF OR ICF/DD	X	RNE	
L0454		TLSO FLEXIBLE, PROVIDES TRUNK SUPPORT, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO INCLUDES FITTING & ADJUSTMENT			X	\$320.41	
L0455		TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO ABOVE T-	X	PA REQUIRED IF BILLED OVER \$500 EXCEPT FOR IN A NF OR ICF/DD		RNE	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
		9 VERTEBRA, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL					
L0456		TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIGID POSTERIOR PANEL FITTING & ADJUSTMENT			X	\$918.84	
L0457		TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIGID POSTERIOR PANEL & SOFT ANTERIOR APRON, EXTENDS FROM THE SACROCOCCYGEAL JUNCTION	X	PA REQUIRED IF BILLED OVER \$500 EXCEPT FOR IN A NF OR ICF/DD		RNE	
L0458		TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC FITTING & ADJUSTMENT			X	\$823.91	
L0460		TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC INCLUDES FITTING & ADJUSTMENT			X	\$927.37	
L0462		TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC INCLUDES FITTING & ADJUSTMENT			X	\$1,153.50	
L0464		TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, FOUR RIGID PLASTIC FITTING & ADJUSTMENT			X	\$1,373.20	
L0466		TLSO, SAGITTAL CONTROL, RIGID POSTERIOR FRAME & FLEXIBLE SOFT ANTERIOR APRON ADJUSTMENT			X	\$338.79	
L0467		TLSO, SAGITTAL CONTROL, RIGID POSTERIOR FRAME & FLEXIBLE SOFT ANTERIOR APRON W/STRAPS, CLOSURES &	X	PA REQUIRED IF BILLED OVER \$500 EXCEPT FOR IN A NF OR ICF/DD		RNE	

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		PADDING, RESTRICTS GROSS TRUNK MOTION					
L0468		TLSO, SAGITTAL-CORONAL CONTROL, RIGID POSTERIOR FRAME & FLEXIBLE SOFT ADJUSTMENT			X	\$430.29	
L0469		TLSO, SAGITTAL-CORONAL CONTROL, RIGID POSTERIOR FRAME & FLEXIBLE SOFT ANTERIOR APRON W/STRAPS, CLOSURES & PADDING, EXTENDS FROM	X	PA REQUIRED IF BILLED OVER \$500 EXCEPT FOR IN A NF OR ICF/DD		RNE	
L0470		TLSO, TRIPLANAR CONTROL, RIGID POSTERIOR FRAME & FLEXIBLE SOFT ANTERIOR APRON FITTING & SHAPING THE FRAME, PREFABRICATED, INCLUDES FITTING			X	\$593.44	
L0472		TLSO, TRIPLANAR CONTROL, HYPEREXTENSION, RIGID ANTERIOR & LATERAL FRAME INCLUDES FITTING & ADJUSTMENT			X	\$373.94	
L0480		TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL W/O INTERFACE LINER, CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED			X	\$1,600.90	
L0482		TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL W/INTERFACE LINER, OR CAD-CAM MODEL, CUSTOM FABRICATED			X	\$1,498.28	
L0484		TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL W/O INTERFACE LINER, PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED			X	\$1,560.44	

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L0486		TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL W/INTERFACE LINER, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED			X	\$1,636.73	
L0488		TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL W/INTERFACE LINER, FITTING & ADJUSTMENT			X	\$927.37	
L0490		TLSO, SAGITTAL-CORONAL CONTROL, ONE PIECE RIGID PLASTIC SHELL, W/OVERLAPPING & ADJUSTMENT			X	\$261.32	
L0491		TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION			X	\$709.51	
L0492		TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION			X	\$436.19	
		CERVICAL/THORACIC/LUMBAR/SACRAL ORTHOTIC, ORTHOTICS					
L0621		SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTION ABOUT THE SACROILIAC JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLU			X	\$104.44	
L0622		SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTION ABOUT THE SACROILIAC			X	\$267.98	

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		JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLU					
L0623		SACROILIAC ORTHOSIS, PROVIDES PELVIC-SACRAL SUPPORT, W/RIGID OR SEMI-RIGID PANELS OVER THE SACRUM & ABDOMEN, REDUCES MOTION ABOUT THE SAC			X	RNE	
L0625		LUMBAR ORTHOSIS, FLEXIBLE, PROVIDES LUMBAR SUPPORT, POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE				\$50.88	
L0626		LUMBAR ORTHOSIS, SAGITTAL CONTROL, W/RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY			X	\$72.02	
L0627		LUMBAR ORTHOSIS, SAGITTAL CONTROL, W/RIGID ANTERIOR & POSTERIOR PANELS, POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRA			X	\$379.74	
L0628		LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES			X	\$77.50	
L0629		LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES	X	PA REQUIRED IF BILLED OVER \$500 EXCEPT FOR IN A NF OR ICF/DD	X	RNE	

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L0630		LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, W/RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA			X	\$149.60	
L0631		LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, W/RIGID ANTERIOR & POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9			X	\$948.39	
L0633		LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, W/RIGID POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION T			X	\$264.92	
L0635		LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID POSTERIOR FRAME/PANEL(S), LATERAL ARTICULATING DESIGN TO FLEX TH			X	\$929.16	
L0636		LUMBAR SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID POSTERIOR FRAME/PANELS, LATERAL ARTICULATING DESIGN TO FLEX THE			X	\$1,528.35	
L0637		LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, W/RIGID ANTERIOR & POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL			X	\$1,100.33	
L0638		LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, W/RIGID ANTERIOR & POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL			X	\$1,218.47	

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L0639		LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA			X	\$1,100.33	
L0640		LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA			X	\$966.70	
L0641		LUMBAR ORTHOSIS, SAGITTAL CONTROL, W/RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY	X	PA REQUIRED IF BILLED OVER \$500 EXCEPT FOR IN A NF OR ICF/DD		RNE	
L0642		LUMBAR ORTHOSIS, SAGITTAL CONTROL, W/RIGID ANTERIOR & POSTERIOR PANELS, POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRA	X	PA REQUIRED IF BILLED OVER \$500 EXCEPT FOR IN A NF OR ICF/DD		RNE	
L0643		LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, W/RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA	X	PA REQUIRED IF BILLED OVER \$500 EXCEPT FOR IN A NF OR ICF/DD		RNE	
L0648		LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, W/RIGID ANTERIOR & POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9	X	PA REQUIRED IF BILLED OVER \$500 EXCEPT FOR IN A NF OR ICF/DD		RNE	
L0649		LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, W/RIGID POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION	X	PA REQUIRED IF BILLED OVER \$500 EXCEPT FOR IN A NF OR ICF/DD		RNE	

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L0650		LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, W/RIGID ANTERIOR & POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL	X	PA REQUIRED IF BILLED OVER \$500 EXCEPT FOR IN A NF OR ICF/DD		RNE	
L0651		LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA	X	PA REQUIRED IF BILLED OVER \$500 EXCEPT FOR IN A NF OR ICF/DD		RNE	
L0700		CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO), ANTERIOR-POSTERIOR-LATERAL CONTROL, MOLDED TO PATIENT MODEL (MINERVA TYPE)			X	\$2,340.02	
L0710		CTLSO, ANTERIOR-POSTERIOR-LATERAL CONTROL, MOLDED TO PATIENT MODEL, W/INTERFACE MATERIAL, (MINERVA TYPE)			X	\$1,941.51	
		HALO PROCEDURE, ORTHOTICS					
L0810		HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO JACKET VEST			X	\$2,389.05	
L0820		HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO PLASTER BODY JACKET			X	\$1,910.28	
L0830		HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO MILWAUKEE TYPE ORTHOSIS			X	\$2,812.70	
L0859		ADDITION TO HALO PROCEDURE, MAGNETIC RESONANCE IMAGE COMPATIBLE SYSTEMS, RINGS & PINS, ANY MATERIAL			X	\$1,057.54	

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L0861		ADDITION TO HALO PROCEDURE, REPLACEMENT LINER/INTERFACE MATERIAL				\$199.09	
		ADDITIONS TO SPINAL ORTHOTIC, ORTHOTICS					
L0970		TLISO, CORSET FRONT			X	\$99.20	
L0972		LSO, CORSET FRONT			X	\$90.85	
L0974		TLISO, FULL CORSET			X	\$165.58	
L0976		LSO, FULL CORSET			X	\$154.65	
L0978		AXILLARY CRUTCH EXTENSION			X	\$221.52	
L0980		PERONEAL STRAPS	PAIR			\$15.15	
L0982		STOCKING SUPPORTER GRIPS	SET OF FOUR (4)			\$16.23	
L0984		PROTECTIVE BODY SOCK	EACH			\$60.50	
L0999		ADDITION TO SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED	X	PA REQUIRED IF BILLED OVER \$500 EXCEPT FOR IN A NF OR ICF/DD		RNE	
		ORTHOTIC DEVICES, SCOLIOSIS PROCEDURES, ORTHOTICS					
L1000		CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLISO) (MILWAUKEE), INCLUSIVE OF FURNISHING INITIAL ORTHOSIS, INCLUDING MODEL			X	\$1,843.33	
L1001		CERVICAL THORACIC LUMBAR SACRAL ORTHOSIS, IMMOBILIZER, INFANT SIZE, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT	X	PA REQUIRED IF BILLED OVER \$500 EXCEPT FOR IN A NF OR ICF/DD	X	RNE	

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L1005		TENSION BASED SCOLIOSIS ORTHOSIS & ACCESSORY PADS, INCLUDES FITTING & ADJUSTMENT			X	\$2,956.89	
L1010		ADDITION TO CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTL SO) OR SCOLIOSIS ORTHOSIS, AXILLA SLING				\$65.01	
L1020		ADDITION TO CTL SO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD				\$75.02	
L1025		ADDITION TO CTL SO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD, FLOATING				\$108.25	
L1030		ADDITION TO CTL SO OR SCOLIOSIS ORTHOSIS, LUMBAR BOLSTER PAD				\$55.21	
L1040		ADDITION TO CTL SO OR SCOLIOSIS ORTHOSIS, LUMBAR OR LUMBAR RIB PAD				\$68.45	
L1050		ADDITION TO CTL SO OR SCOLIOSIS ORTHOSIS, STERNAL PAD				\$72.27	
L1060		ADDITION TO CTL SO OR SCOLIOSIS ORTHOSIS, THORACIC PAD				\$85.40	
L1070		ADDITION TO CTL SO OR SCOLIOSIS ORTHOSIS, TRAPEZE SLING				\$78.10	
L1080		ADDITION TO CTL SO OR SCOLIOSIS ORTHOSIS, OUTRIGGER				\$48.03	
L1085		ADDITION TO CTL SO OR SCOLIOSIS ORTHOSIS, OUTRIGGER, BILATERAL W/VERTICAL EXTENSIONS				\$133.61	
L1090		ADDITION TO CTL SO OR SCOLIOSIS ORTHOSIS, LUMBAR SLING				\$80.37	

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L1100		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, RING FLANGE, PLASTIC OR LEATHER				\$151.83	
L1110		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, RING FLANGE, PLASTIC OR LEATHER, MOLDED TO PATIENT MODEL				\$279.32	
L1120		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, COVER FOR UPRIGHT	EACH			\$34.47	
		THORACIC/LUMBAR/SACRAL ORTHOTIC (TLSO)(LOW PROFILE), ORTHOTICS					
L1200		THORACIC-LUMBAR-SACRAL-ORTHOSES (TLSO), INCLUSIVE OF FURNISHING INITIAL ORTHOSIS ONLY			X	\$1,575.32	
L1210		ADDITION TO TLSO, (LOW PROFILE), LATERAL THORACIC EXTENSION				\$227.14	
L1220		ADDITION TO TLSO, (LOW PROFILE), ANTERIOR THORACIC EXTENSION				\$199.09	
L1230		ADDITION TO TLSO, (LOW PROFILE), MILWAUKEE TYPE SUPERSTRUCTURE				\$493.46	
L1240		ADDITION TO TLSO, (LOW PROFILE), LUMBAR DEROTATION PAD				\$67.40	
L1250		ADDITION TO TLSO, (LOW PROFILE), ANTERIOR ASIS PAD				\$62.71	
L1260		ADDITION TO TLSO, (LOW PROFILE), ANTERIOR THORACIC DEROTATION PAD				\$65.67	
L1270		ADDITION TO TLSO, (LOW PROFILE), ABDOMINAL PAD				\$67.25	

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L1280		ADDITION TO TLSO, (LOW PROFILE), RIB BUSSET (ELASTIC)		EACH		\$74.88	
L1290		ADDITION TO TLSO, (LOW PROFILE), LATERAL TROCHANTERIC PAD				\$68.22	
		OTHER SCOLIOSIS PROCEDURES, ORTHOTICS					
L1300		OTHER SCOLIOSIS PROCEDURE, BODY JACKET MOLDED TO PATIENT MODEL			X	\$1,561.33	
L1310		OTHER SCOLIOSIS PROCEDURE, POST-OPERATIVE BODY JACKET			X	\$1,664.20	
L1499		SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED REVIEW PRICING	X	PA REQUIRED IF BILLED OVER \$500 EXCEPT FOR IN A NF OR ICF/DD	X	RNE	
		HIP ORTHOTIC (HO) - FLEXIBLE, ORTHOTICS					
L1600		HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, FREJKA TYPE W/COVER, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	\$111.85	
L1610		HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (FREJKA COVER ONLY), PREFABRICATED, INCLUDES FITTING & ADJUSTMENT				\$44.87	
L1620		HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (PAVLIK HARNESS), PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	\$120.03	
L1630		HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, SEMI-FLEXIBLE (VON ROSEN TYPE), CUSTOM-FABRICATED			X	\$161.03	

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L1640		HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PELVIC BAND OR SPREADER BAR, THIGH CUFFS, CUSTOM-FABRICATED			X	\$452.15	
L1650		HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, ADJUSTABLE, (ILFLED TYPE), PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	\$211.68	
L1652		HIP ORTHOSIS, BILATERAL THIGH CUFFS W/ADJUSTABLE ABDUCTOR SPREADER BAR, ADULT SIZE, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT, ANY			X	\$329.33	
L1660		HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PLASTIC, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	\$148.56	
L1680		HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, DYNAMIC, PELVIC CONTROL, ADJ HIP MOTION CONTROL, THIGH CUFFS(RANCHO HIP ACTION) CUSTOM FABRICATED			X	\$1,288.11	
L1685		HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE, CUSTOM FABRICATED			X	\$1,032.58	
L1686		HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	\$791.86	

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L1690		COMBINATION, BILATERAL, LUMBO-SACRAL, HIP, FEMUR ORTHOSIS PROVIDING ADDUCTION & INTERNAL ROTATION CONTROL, PREFABRICATED, INCLUDES FITTING			X	\$1,786.45	
		LEGG PERTHES, ORTHOTICS					
L1700		LEGG PERTHES ORTHOSIS, (TORONTO TYPE), CUSTOM-FABRICATED			X	\$1,450.87	
L1710		LEGG PERTHES ORTHOSIS, (NEWINGTON TYPE), CUSTOM FABRICATED			X	\$1,551.85	
L1720		LEGG PERTHES ORTHOSIS, TRILATERAL, (TACHDIJAN TYPE), CUSTOM-FABRICATED			X	\$1,343.61	
L1730		LEGG PERTHES ORTHOSIS, (SCOTTISH RITE TYPE), CUSTOM-FABRICATED			X	\$1,079.88	
L1755		LEGG PERTHES ORTHOSIS, (PATTEN BOTTOM TYPE), CUSTOM-FABRICATED			X	\$1,406.35	
		KNEE ORTHOTIC, ORTHOTICS					
L1810		KNEE ORTHOSIS, ELASTIC W/JOINTS, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	\$86.89	
L1812		KNEE ORTHOSIS, ELASTIC W/JOINTS, PREFABRICATED, OFF-THE-SHELF	X	PA REQUIRED IF BILLED OVER \$500 EXCEPT FOR IN A NF OR ICF/DD		RNE	
L1820		KNEE ORTHOSIS, ELASTIC W/CONDYLAR PADS & JOINTS, W/OR W/O PATELLAR CONTROL, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	\$115.24	

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L1830		KNEE ORTHOSIS, IMMOBILIZER, CANVAS LONGITUDINAL, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	\$79.10	
L1831		KNEE ORTHOSIS, LOCKING KNEE JOINT(S), POSITIONAL ORTHOSIS, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	\$271.90	
L1832		KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRIC), POSITIONAL ORTHOSIS, RIGID SUPPORT, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	\$527.77	
L1832	52	KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRIC), POSITIONAL ORTHOSIS, RIGID SUPPORT, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	\$263.88	
L1833		KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRIC), POSITIONAL ORTHOSIS, RIGID SUPPORT, PREFABRICATED, OFF-THE SHELF	X	PA REQUIRED IF BILLED OVER \$500 EXCEPT FOR IN A NF OR ICF/DD		RNE	
L1834		KNEE ORTHOSIS, W/O KNEE JOINT, RIGID, CUSTOM-FABRICATED			X	\$727.75	
L1834	52	KNEE ORTHOSIS, W/O KNEE JOINT, RIGID, CUSTOM-FABRICATED			X	\$363.87	
L1836		KNEE ORTHOSIS, RIGID, W/O JOINT(S), INCLUDES SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	\$123.28	

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L1840		KNEE ORTHOSIS, DEROTATION, MEDIAL-LATERAL, ANTERIOR CRUCIATE LIGAMENT, CUSTOM FABRICATED			X	\$817.76	
L1843		KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH & CALF, W/ADJUSTABLE FLEXION & EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL			X	\$828.94	
L1844		KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH & CALF, W/ADJUSTABLE FLEXION & EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL			X	\$1,746.78	
L1845		KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH & CALF, W/ADJUSTABLE FLEXION & EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL			X	\$709.53	
L1845	52	KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH & CALF, W/ADJUSTABLE FLEXION & EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL			X	\$354.76	
L1846		KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH & CALF, W/ADJUSTABLE FLEXION & EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL			X	\$969.77	
L1847		KNEE ORTHOSIS, DOUBLE UPRIGHT W/ADJUSTABLE JOINT, W/INFLATABLE AIRSUPPORT CHAMBER(S), PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	\$531.35	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
L1848		KNEE ORTHOSIS, DOUBLE UPRIGHT W/ADJUSTABLE JOINT, W/INFLATABLE AIRSUPPORT CHAMBER(S), PREFABRICATED, OFF THE SHELF	X	PA REQUIRED IF BILLED OVER \$500 EXCEPT FOR IN A NF OR ICF/DD		RNE	
L1850		KNEE ORTHOSIS, SWEDISH TYPE, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	\$258.98	
L1860		KNEE ORTHOSIS, MODIFICATION OF SUPRACONDYLAR PROSTHETIC SOCKET, CUSTOM-FABRICATED (SK)			X	\$1,183.55	
L1860	52	KNEE ORTHOSIS, MODIFICATION OF SUPRACONDYLAR PROSTHETIC SOCKET, CUSTOM-FABRICATED (SK)			X	\$591.77	
		ANKLE FOOT ORTHOTIC (AFO), ORTHOTICS					
L1900		ANKLE FOOT ORTHOSIS, SPRING WIRE, DORSIFLEXION ASSIST CALF BAND, CUSTOM-FABRICATED			X	\$243.87	
L1902		ANKLE FOOT ORTHOSIS, ANKLE GAUNTLET, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	\$73.13	
L1904		ANKLE FOOT ORTHOSIS, MOLDED ANKLE GAUNTLET, CUSTOM-FABRICATED			X	\$410.34	
L1906		ANKLE FOOT ORTHOSIS, MULTILIGAMENTUS ANKLE SUPPORT, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	\$104.39	
L1907		AFO, SUPRAMALLEOLAR W/STRAPS, W/OR W/O INTERFACE/PADS, CUSTOM FABRICATED			X	\$519.80	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
L1907	52	AFO, SUPRAMALLEOLAR W/STRAPS, W/OR W/O INTERFACE/PADS, CUSTOM FABRICATED			X	\$259.90	
L1910		ANKLE FOOT ORTHOSIS, POSTERIOR, SINGLE BAR, CLASP ATTACHMENT TO SHOE COUNTER, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	\$232.14	
L1920		ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT W/STATIC OR ADJUSTABLE STOP (PHELPS OR PERLSTEIN TYPE), CUSTOM-FABRICATED			X	\$303.48	
L1930		ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	\$240.00	
L1930	52	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	\$120.00	
L1932		AFO, RIGID ANTERIOR TIBIAL SECTION, TOTAL CARBON FIBER OR EQUAL MATERIAL, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	\$824.40	
L1940		ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, CUSTOM-FABRICATED			X	\$470.14	
L1940	52	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, CUSTOM-FABRICATED			X	\$235.07	
L1945		ANKLE FOOT ORTHOSIS, MOLDED TO PATIENT MODEL, PLASTIC, RIGID ANTERIORTIBIAL SECTION (FLOOR REACTION), CUSTOM FABRICATED			X	\$803.59	

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L1945	52	ANKLE FOOT ORTHOSIS, PLASTIC, RIGID ANTERIOR TIBIAL SECTION (FLOOR REACTION), CUSTOM-FABRICATED			X	\$401.79	
L1950		ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), PLASTIC, CUSTOM-FABRICATED			X	\$675.72	
L1951		ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING			X	\$775.87	
L1960		ANKLE FOOT ORTHOSIS, POSTERIOR SOLID ANKLE, PLASTIC, CUSTOM-FABRICATED			X	\$481.17	
L1960	52	ANKLE FOOT ORTHOSIS, POSTERIOR SOLID ANKLE, PLASTIC, CUSTOM-FABRICATED			X	\$240.58	
L1970		ANKLE FOOT ORTHOSIS, PLASTIC W/ANKLE JOINT, CUSTOM-FABRICATED			X	\$738.32	
L1970	52	ANKLE FOOT ORTHOSIS, PLASTIC W/ANKLE JOINT, CUSTOM-FABRICATED			X	\$369.16	
L1971		ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL W/ANKLE JOINT, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	\$433.02	
L1980		ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, CALF BAND/CUFF (SINGLE BAR "BK" ORTHOSIS), CUSTOM-FABRICATED			X	\$353.41	
L1990		ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, CALF BAND/CUFF (DOUBLE BAR "BK" ORTHOSIS), CUSTOM-FABRICATED			X	\$446.66	

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		KNEE ANKLE FOOT ORTHOTIC (KAFO) OR ANY COMBINATION, ORTHOTICS					
L2000		KNEE ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT, FREE KNEE, FREE ANKLE, SOLID STIRRUP, THIGH & CALF BANDS/CUFFS (SINGLE BAR "AK" ORTHOSIS), CUSTOM-FABRICATED			X	\$880.49	
L2005		KNEE ANKLE FOOT ORTHOSIS, ANY MATERIAL, SINGLE OR DOUBLE UPRIGHT, STANCE CONTROL, AUTOMATIC LOCK & SWING PHASE RELEASE, MECHANICAL			X	\$3,785.65	
L2010		KNEE ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH & CALF BANDS/CUFFS (SINGLE BAR "AK" ORTHO) W/O KNEE JOINT, CUSTOM-FABRICATED			X	\$806.97	
L2020		KNEE ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT, FREE KNEE/ANKLE, SOLID STIRRUP THIGH & CALF BANDS/CUFFS (DOUBLE BAR "AK" ORTHO), CUSTOM-FABRICATED			X	\$1,013.62	
L2030		KNEE, ANKLE, FOOT ORTHO, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH & CALF BANDS/CUFFS (DOUBLE BAR "AK" ORTHO) W/O KNEE JOINT, CUSTOM-FABRICATED			X	\$936.57	
L2034		KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, W/OR W/O FREE MOTION KNEE, MEDIAL LATERAL ROTATION CONTROL, W/OR W/O			X	\$1,916.15	

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L2035		KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, STATIC (PEDIATRIC SIZE), W/O FREE MOTION ANKLE, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	\$160.02	
L2036		KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, DOUBLE UPRIGHT, W/OR W/O FREE MOTION KNEE, W/OR W/O FREE MOTION ANKLE, CUSTOM FABRICATE			X	\$1,610.59	
L2036	52	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, DOUBLE UPRIGHT, W/OR W/O FREE MOTION KNEE, W/OR W/O FREE MOTION ANKLE, CUSTOM FABRICATE			X	\$805.29	
L2037		KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, W/OR W/O FREE MOTION KNEE, W/OR W/O FREE MOTION ANKLE, CUSTOM FABRICATE			X	\$1,445.89	
L2038		KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, W/OR W/O FREE MOTION KNEE, MULTI-AXIS ANKLE, CUSTOM FABRICATED			X	\$1,241.14	
		TORSION CONTROL: HIP KNEE ANKLE FOOT ORTHOTIC (HKAFO), ORTHOTICS					
L2040		HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL ROTATION STRAPS, PELVIC BAND/BELT, CUSTOM FABRICATED			X	\$154.12	
L2040	52	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL ROTATION STRAPS, POLVIC BAND/BELT, CUSTOM FABRICATED			X	\$77.06	
L2050		HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL TORSION CABLES, HIP			X	\$413.52	

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		JOINT, PELVIC BAND/BELT, CUSTOM-FABRICATED					
L2060		HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL TORSION CABLES,BALL BEARING HIP JOINT, PELVIC BAND/ BELT, CUSTOM-FABRICATED			X	\$521.83	
L2070		HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL ROTATION STRAPS, PELVIC BAND/BELT, CUSTOM FABRICATED			X	\$120.87	
L2080		HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL TORSION CABLE, HIP JOINT, PELVIC BAND/BELT, CUSTOM-FABRICATED			X	\$339.31	
L2090		HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL TORSION CABLE, BALL BEARING HIP JOINT, PELVIC BAND/ BELT, CUSTOM-FABRICATED			X	\$421.64	
L2106		ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM-FABRICATED			X	\$590.22	
L2108		ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, CUSTOM-FABRICATED			X	\$927.51	
L2112		ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SOFT, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	\$405.00	

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L2114		ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SEMI-RIGID, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	\$532.30	
L2116		ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	\$654.21	
L2126		KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM-FABRICATED			X	\$1,039.50	
L2128		KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, CUSTOM-FABRICATED			X	\$1,488.54	
L2132		KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SOFT, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	\$700.26	
L2134		KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SEMI-RIGID, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	\$839.60	
L2136		KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	\$1,036.52	

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		ADDITIONS TO FRACTURE ORTHOTIC, ORTHOTICS					
L2180		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, PLASTIC SHOE INSERT W/ANKLE JOINTS				\$102.42	
L2182		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, DROP LOCK KNEE JOINT				\$95.45	
L2184		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, LIMITED MOTION KNEE JOINT				\$107.53	
L2186		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, ADJUSTABLE MOTION KNEE JOINT, LERMAN TYPE				\$135.57	
L2188		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, QUADRILATERAL BRIM				\$259.98	
L2190		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, WAIST BELT				\$80.13	
L2192		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, HIP JOINT, PELVIC BAND, THIGH FLANGE & PELVIC BELT				\$392.12	
		ADDITION TO LOWER EXTREMITY ORTHOTIC: SHOE/ANKLE/SHIN/KNEE					
L2200		ADDITION TO LOWER EXTREMITY, LIMITED ANKLE MOTION		EACH JOINT		\$41.27	
L2200	52	ADDITION TO LOWER EXTREMITY, LIMITED ANKLE MOTION		EACH JOINT		\$20.63	

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L2210		ADDITION TO LOWER EXTREMITY, DORSIFLEXION ASSIST (PLANTAR FLEXION RESIST)		EACH JOINT		\$58.35	
L2210	52	ADDITION TO LOWER EXTREMITY, DORSIFLEXION ASSIST (PLANTAR FLEXION RESIST)		EACH JOINT		\$29.17	
L2220		ADDITION TO LOWER EXTREMITY, DORSIFLEXION & PLANTAR FLEXION ASSIST/RESIST		EACH JOINT		\$72.88	
L2230		ADDITION TO LOWER EXTREMITY, SPLIT FLAT CALIPER STIRUPS & PLATE ATTACHMENT				\$68.57	
L2232		ADDITION TO LOWER EXTREMITY ORTHOSIS, ROCKER BOTTOM FOR TOTAL CONTACT ANKLE FOOT ORTHOSIS, FOR CUSTOM FABRICATED ORTHOSIS ONLY				\$90.17	
L2240		ADDITION TO LOWER EXTREMITY, ROUND CALIPER & PLATE ATTACHMENT				\$76.49	
L2250		ADDITION TO LOWER EXTREMITY, FOOT PLATE, MOLDED TO PATIENT MODEL, STIR UP ATTACHMENT				\$363.40	
L2260		ADDITION TO LOWER EXTREMITY, REINFORCED SOLID STIRUP (SCOTT-CRAIG TYPE)				\$174.02	
L2265		ADDITION TO LOWER EXTREMITY, LONG TONGUE STIRUP				\$104.33	
L2270		ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION ("T") STRAP, PADDED/LINED OR MALLEOLUS PAD				\$46.61	

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L2270	52	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION ("T") STRAP, PADDED/LINED OR MALLEOLUS PAD				\$23.30	
L2275		ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION, PLASTIC MODIFICATION, PADDED/LINED				\$138.43	
L2280		ADDITION TO LOWER EXTREMITY, MOLDED INNER BOOT				\$393.09	
L2280	52	ADDITION TO LOWER EXTREMITY, MOLDED INNR BOOT				\$196.54	
L2300		ADDITION TO LOWER EXTREMITY, ABDUCTION BAR (BILATERAL HIP INVOLVEMENT), JOINTED, ADJUSTABLE				\$242.69	
L2310		ADDITION TO LOWER EXTREMITY, ABDUCTION BAR, STRAIGHT				\$106.78	
L2320		ADDITION TO LOWER EXTREMITY, NON-MOLDED LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY				\$190.96	
L2330		ADDITION TO LOWER EXTREMITY, LACER MOLDED TO PATIENT MODEL, FOR CUSTOM FABRICATED ORTHOSIS ONLY				\$361.25	
L2335		ADDITION TO LOWER EXTREMITY, ANTERIOR SWING BAND				\$262.95	
L2340		ADDITION TO LOWER EXTREMITY, PRE-TIBIAL SHELL, MOLDED TO PATIENT MODEL				\$390.45	
L2340	52	ADDITION TO LOWER EXTREMITY, PRE-TIBIAL SHELL, MOLDED TO PATIENT MODEL				\$195.22	

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L2350		ADDITION TO LOWER EXTREMITY, PROSTHETIC TYPE "BK" SOCKET, MOLDED TO PA TIENT MODEL (USED FOR 'PTB' 'AFO' ORTHOSIS)				\$846.23	
L2360		ADDITION TO LOWER EXTREMITY, EXTENDED STEEL SHANK				\$48.04	
L2360	52	ADDITION TO LOWER EXTREMITY, EXTENDED STEEL SHANK				\$24.02	
L2370		ADDITION TO LOWER EXTREMITY, PATTEN BOTTOM				\$297.13	
L2375		ADDITION TO LOWER EXTREMITY, TORSION CONTROL, ANKLE JOINT & HALF SOLID STIRRUP				\$105.78	
L2380		ADDITION TO LOWER EXTREMITY, TORSION CONTROL, STRAIGHT KNEE JOINT		EACH JOINT		\$129.19	
L2385		ADDITION TO LOWER EXTREMITY, STRAIGHT KNEE JOINT, HEAVY DUTY		EACH JOINT		\$118.23	
L2387		ADDITION TO LOWER EXTREMITY, POLYCENTRIC KNEE JOINT, FOR CUSTOM FABRICATED KNEE ANKLE FOOT ORTHOSIS		EACH JOINT		\$143.66	
L2390		ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT		EACH JOINT		\$95.02	
L2395		ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, HEAVY DUTY		EACH JOINT		\$142.87	
L2397		ADDITION TO LOWER EXTREMITY ORTHOSIS, SUSPENSION SLEEVE				\$116.96	

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		ADDITIONS TO STRAIGHT KNEE OR OFFSET KNEE JOINTS, ORTHOTICS					
L2405		ADDITION TO KNEE JOINT, DROP LOCK		EACH		\$80.53	
L2405	52	ADDITION TO KNEE JOINT, DROP LOCK		EACH		\$40.26	
L2415		ADDITION TO KNEE LOCK W/INTEGRATED RELEASE MECHANISM (BAIL, CABLE, OR EQUAL), ANY MATERIAL		EACH JOINT		\$112.21	
L2425		ADDITION TO KNEE JOINT, DISC OR DIAL LOCK FOR ADJUSTABLE KNEE FLEXION		EACH JOINT		\$132.41	
L2425	52	ADDITION TO KNEE JOINT, DISC OR DIAL LOCK FOR ADJUSTABLE KNEE FLEXION		EACH JOINT		\$66.20	
L2430		ADD. TO KNEE JNT., RATCHET LOCK FOR ACTIVE & PROG. KNEE EXT.		EACH JOINT		\$132.41	
L2430	52	ADDITION TO KNEE JOINT, RATCHET LOCK FOR ACTIVE & PROGRESSIVE KNEE EXT		EACH JOINT		\$66.20	
L2492		ADDITION TO KNEE JOINT, LIFT LOOP FOR DROP LOCK RING				\$88.51	
		ADDITIONS: THIGH/WEIGHT BEARING - GLUTEAL/ISCHIAL WEIGHT BEARING, ORTHOTICS					
L2500		ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, BULTEAL/ISCHIAL WEIG HT BEARING, RING				\$274.51	
L2510		ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRI-LATERAL BRIM, MOLDED TO PATIENT MODEL				\$682.26	

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L2520		ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRI-LATERAL BRIM, CUSTOM FITTED				\$399.90	
L2525		ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/ NARROW M-L BRIM, MOLDED TO PATIENT MODEL				\$1,159.29	
L2526		ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/ NARROW M-L BRIM, CUSTOM FITTED				\$594.59	
L2530		ADDITION TO LOWER EXTREMITY, THIGH-WEIGHT BEARING, LACER, NON-MOLDED				\$224.19	
L2540		ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, LACER, MOLDED TO PATIENT MODEL				\$367.01	
L2550		ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, HIGH ROLL CUFF				\$249.32	
		ADDITIONS: PELVIC & THORACIC CONTROL, ORTHOTICS					
L2570		ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE, TWO POSITION JOINT	EACH			\$475.69	
L2580		ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PELVIC SLING				\$402.88	
L2600		ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE, OR THRUST BEARING, FREE	EACH			\$178.28	

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L2610		ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS OR THRUS T BEARING, LOCK		EACH		\$210.82	
L2620		ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, HEAVY DUTY		EACH		\$293.06	
L2622		ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJUSTABLE FLEXION		EACH		\$279.88	
L2624		ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJUSTABLE FLEXION, EXTENSION, ABDUCTION CONTROL		EACH		\$339.07	
L2627		ADDITION TO LOWER EXTREMITY, PELVIC ONCTROL, PLASTIC, MOLDED TO PT MODEL				\$1,488.16	
L2628		ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, METAL FRAME				\$1,454.39	
L2630		ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND & BELT, UNILATERAL				\$214.95	
L2640		ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND & BELT, BILATERAL				\$291.72	
L2650		ADDITION TO LOWER EXTREMITY, PELVIC & THORACIC CONTROL, GLUTEAL PAD		EACH		\$128.58	
L2660		ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, THORACIC BAND				\$161.79	
L2670		ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, PARASPINAL UPRIGHTS				\$150.47	
L2680		ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, LATERAL SUPPORT UPRIGHTS				\$152.23	

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		ADDITIONS: GENERAL, ORTHOTICS					
L2750		ADDITION TO LOWER EXTREMITY ORTHOSIS, PLATING CHROME OR NICKEL, PER BAR				\$80.14	
L2755		ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/PREPREG COMPOSITE, PER SEGMENT, FOR CUSTOM FAB				\$120.71	
L2755	52	ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/PREPREG COMPOSITE, PER SEGMENT, FOR CUSTOM FAB				\$60.36	
L2760		ADDITION TO LOWER EXTREMITY ORTHOSIS, EXTENSION, PER EXTENSION, PER BAR (FOR LINEAL ADJUSTMENT FOR GROWTH)				\$52.74	
L2760	52	ADDITION TO LOWER EXTREMITY ORTHOSIS, EXTENSION, PER EXTENSION, PER BAR (FOR LINEAL ADJUSTMENT FOR GROWTH)				\$26.37	
L2768		ORTHOTIC SIDE BAR DISCONNECT DEVICE, PER BAR				\$120.39	
L2780		ADDITION TO LOWER EXTREMITY, NON-CORROSIVE FINISH, PER BAR				\$58.75	
L2785		ADDITION TO LOWER EXTREMITY ORTHOSIS, DROP LOCK RETAINER	EACH			\$29.35	
L2785	52	ADDITION TO LOWER EXTREMITY ORTHOSIS, DROP LOCK RETAINER	EACH			\$14.67	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
L2795		ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, FULL KNEECAP				\$73.75	
L2795	52	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, FULL KNEECAP				\$36.87	
L2800		ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, KNEE CAP, MEDIAL OR LATERAL PULL, FOR USE W/CUSTOM FABRICATED ORTHOSIS ONLY				\$92.59	
L2810		ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, CONDYLAR PAD				\$67.80	
L2820		ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, BELOW KNEE SECTION				\$75.38	
L2820	52	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, BELOW KNEE SECTION				\$37.69	
L2830		ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, ABOVE KNEE SECTION				\$81.55	
L2840		ADDITION TO LOWER EXTREMITY ORTHOSIS, TIBIAL LENGTH SOCK, FRACTURE OR EQUAL	EACH			\$39.24	
L2850		ADDITION TO LOWER EXTREMITY ORTHOSIS, FEMORAL LENGTH SOCK, FRACTURE OR EQUAL	EACH			\$71.66	
L2999		LOWER EXTREMITY ORTHOSIS, NOT OTHERWISE SPECIFIED	X	PA REQUIRED IF BILLED OVER \$500 EXCEPT FOR IN A NF OR ICF/DD		RNE	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
		ORTHOPEDIC FOOTWEAR INSERTS, ORTHOTICS					
L3000		FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, "UCB" TYPE, BERKELEY SHELL		EACH	X	\$290.21	
L3000	52	FOOT, INSERT, REMOVEABLE, MOLDED TO PT MODEL, UCP TYPE, BERKELEY SHELL		EACH	X	\$145.10	
L3001		FOOT INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SPENCO		EACH	X	\$122.18	
L3002		FOOT INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, PLASTAZOTE OR EQUAL		EACH	X	\$149.21	
L3003		FOOT INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SILICONE GEL		EACH	X	\$160.99	
L3010		FOOT INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL ARCH SUPPORT		EACH	X	\$160.99	
L3020		FOOT INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL/METATARSAL SUPPORT		EACH	X	\$183.30	
L3030		FOOT INSERT, REMOVABLE, FORMED TO PATIENT FOOT		EACH	X	\$70.50	
L3030	52	FOOT INSERT, REMOVEABLE, FORMED TO PATIENT FOOT		EACH		\$35.25	
L3031		FOOT INSERT/PLATE, REMOVABLE, ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/PREPREG	X	EACH, PA REQUIRED IF BILLED OVER \$500 EXCEPT FOR IN A NF OR ICF/DD	X	RNE	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
L3040		FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL		EACH		\$43.48	
L3050		FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, METATARSAL		EACH		\$43.48	
L3060		FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL/METATARSAL		EACH	X	\$68.12	
L3060	52	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDID, LONGITUDINAL/METATARSAL		EACH		\$34.06	
		ARCH SUPPORT, NONREMOVABLE, ATTACHED TO SHOE, ORTHOTICS					
L3070		FOOT, ARCH SUPPORT, NONREMOVABLE ATTACHED TO SHOE, LONGITUDINAL		EACH		\$29.38	
L3080		FOOT, ARCH SUPPORT, NONREMOVABLE ATTACHED TO SHOE, METATARSAL		EACH		\$29.38	
L3090		FOOT, ARCH SUPPORT, NONREMOVABLE ATTACHED TO SHOE, LONGITUDINAL/METATARSAL		EACH		\$37.59	
L3100		HALLUS-VALGUS NIGHT DYNAMIC SPLINT		EACH		\$39.95	
		ABDUCTION & ROTATION BARS, ORTHOTICS					
L3140		FOOT, ROTATION POSITIONING DEVICE, INCLUDING SHOE(S)			X	\$82.25	
L3150		FOOT, ROTATION POSITIONING DEVICE, W/O SHOE(S)			X	\$75.20	
L3160		FOOT, ADJUSTABLE SHOE-STYLED POSITIONING DEVICE	X	PA REQUIRED IF BILLED OVER \$500 EXCEPT FOR IN A NF OR ICF/DD	X	RNE	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
L3170		FOOT, PLASTIC, SILICONE OR EQUAL, HEEL STABILIZER		EACH		\$46.99	
		ORTHOPEDIC SHOES & BOOTS, ORTHOTICS					
L3201		ORTHOPEDIC SHOE, OXFORD W/SUPINATOR OR PRONATOR, INFANT				\$31.48	
L3202		ORTHOPEDIC SHOE, OXFORD W/SUPINATOR OR PRONATOR, CHILD				\$35.41	
L3203		ORTHOPEDIC SHOE, OXFORD W/SUPINATOR OR PRONATOR, JUNIOR				\$37.77	
L3204		ORTHOPEDIC SHOE, HIGHTOP W/SUPINATOR OR PRONATOR, INFANT				\$31.48	
L3206		ORTHOPEDIC SHOE, HIGHTOP W/SUPINATOR OR PRONATOR, CHILD				\$35.41	
L3207		ORTHOPEDIC SHOE, HIGHTOP W/SUPINATOR OR PRONATOR, JUNIOR				\$37.77	
L3208		SURGICAL BOOT, INFANT		EACH		\$35.41	
L3209		SURGICAL BOOT, CHILD		EACH		\$39.35	
L3211		SURGICAL BOOT, JUNIOR		EACH		\$43.28	
L3212		BENESCH BOOT, INFANT		PAIR	X	\$62.96	
L3213		BENESCH BOOT, CHILD		PAIR	X	\$62.96	
L3214		BENESCH BOOT, JUNIOR		PAIR	X	\$62.96	
L3215		ORTHOPEDIC FOOTWEAR, LADIES SHOE, OXFORD		EACH	X	\$125.92	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
L3215	52	ORTHOPEDIC FOOTWEAR, LADIES SHOE, OXFORD		EACH	X	\$125.92	
L3216		ORTHOPEDIC FOOTWEAR, LADIES SHOE, DEPTH INLAY		EACH	X	\$125.92	
L3217		ORTHOPEDIC FOOTWEAR, LADIES SHOE, HIGHTOP, DEPTH INLAY		EACH	X	\$125.92	
L3219		ORTHOPEDIC FOOTWEAR, MENS SHOE, OXFORD		EACH	X	\$125.92	
L3221		ORTHOPEDIC FOOTWEAR, MENS SHOE, DEPTH INLAY		EACH	X	\$149.53	
L3222		ORTHOPEDIC FOOTWEAR, MENS SHOE, HIGHTOP, DEPTH INLAY		EACH	X	\$149.53	
L3224		ORTHOPEDIC FOOTWEAR, WOMAN'S SHOE, OXFORD, INTEGRAL PART OF A BRACE		1 UNIT = 1 SHOE	X	\$62.38	
L3225		ORTHOPEDIC FOOTWEAR, MAN'S SHOE, OXFORD, INTEGRAL PART OF A BRACE		1 UNIT=1 SHOE	X	\$72.57	
L3230		ORTHOPEDIC FOOTWEAR, CUSTOM SHOE, DEPTH INLAY	X	EACH, PA REQUIRED IF BILLED OVER \$500 EXCEPT FOR IN A NF OR ICF/DD	X	RNE	
L3250		ORTHOPEDIC FOOTWEAR, CUSTOM MOLDED SHOE, REMOVABLE INNER MOLD, PROSTHETIC SHOE		EACH	X	\$393.50	
L3251		FOOT, SHOE MOLDED TO PATIENT MODEL, SILICONE SHOE		EACH	X	\$152.67	
L3252		FOOT, SHOE MOLDED TO PATIENT MODEL, PLASTAZOTE (OR SIMILAR), CUSTOM FABRICATED		EACH	X	\$152.67	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
L3253		FOOT, MOLDED SHOE, PLASTAZOTE (OR SIMILAR) CUSTOM FITTED		EACH	X	\$152.67	
L3254		NON-STANDARD SIZE OR WIDTH				\$21.57	
L3255		NON-STANDARD SIZE OR LENGTH				\$21.57	
L3257		ORTHOPEDIC FOOTWEAR, ADDITIONAL CHARGE FOR SPLIT SIZE				\$57.60	
L3260		SURGICAL BOOT/SHOE		EACH		\$39.35	
L3265		PLASTAZOTE SANDAL		EACH	X	\$62.96	
		SHOE MODIFICATION-LIFTS, ORTHOTICS					
L3300		LIFT, ELEVATION, HEEL, TAPERED TO METATARSALS		PER INCH		\$48.18	
L3310		LIFT, ELEVATION, HEEL & SOLE, NEOPRENE		PER INCH		\$75.20	
L3320		LIFT, ELEVATION, HEEL & SOLE, CORK		PER INCH		\$125.92	
L3330		LIFT, ELEVATION, METAL EXTENSION, (SKATE)				\$522.83	
L3332		LIFT, ELEVATION, INSIDE SHOE, TAPERED		UP TO ONE-HALF INCH		\$68.12	
L3334		LIFT, ELEVATION, HEEL		PER INCH		\$35.23	
		SHOE MODIFICATION-WEDGES, ORTHOTICS					
L3340		HEEL WEDGE, SACH				\$78.73	
L3350		HEEL WEDGE				\$21.15	
L3360		SOLE WEDGE, OUTSIDE SOLE				\$32.89	
L3370		SOLE WEDGE, BETWEEN SOLE				\$45.80	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
L3380		CLUBFOOT WEDGE				\$45.80	
L3390		OUTFLARE WEDGE				\$45.80	
L3400		METATARSAL BAR WEDGE, ROCKER				\$37.59	
L3410		METATARSAL BAR WEDGE, BETWEEN SOLE				\$85.77	
L3420		FULL SOLE & HEEL WEDGE, BETWEEN SOLE				\$50.52	
		SHOE MODIFICATION-HEELS, ORTHOTICS					
L3430		HEEL, COUNTER, PLASTIC REINFORCED				\$148.05	
L3440		HEEL, COUNTER, LEATHER REINFORCED				\$70.50	
L3450		HEEL, SACH CUSHION TYPE				\$97.51	
L3455		HEEL, NEW LEATHER, STANDARD				\$37.59	
L3460		HEEL, NEW RUBBER, STANDARD				\$31.71	
L3465		HEEL, THOMAS W/WEDGE				\$54.06	
L3470		HEEL, THOMAS EXTENDED TO BALL				\$57.58	
L3480		HEEL, PAD & DEPRESSION FOR SPUR				\$57.58	
L3485		HEEL, PAD, REMOVABLE FOR SPUR				\$23.61	
		MISCELLANEOUS SHOE ADDITIONS-ORTHOTICS					
L3500		ORTHOPEDIC SHOE ADDITION, INSOLE, LEATHER				\$27.01	
L3510		ORTHOPEDIC SOLE ADDITION, INSOLE, RUBBER				\$27.01	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
L3520		ORTHOPEDIC SHOE ADDITION, INSOLE, FELT COVERED W/LEATHER				\$29.38	
L3530		ORTHOPEDIC SHOE ADDITION, SOLE, HALF				\$29.38	
L3540		ORTHOPEDIC SHOE ADDITION, SOLE, FULL				\$46.99	
L3550		ORTHOPEDIC SHOE ADDITION, TOE TAP, STANDARD				\$8.25	
L3560		ORTHOPEDIC SHOE ADDITION, TOE TAP, HORSESHOE				\$21.15	
L3570		ORTHOPEDIC SHOE ADDITION, SPECIAL EXTENSION TO INSTEP (LEATHER W/EYELETS)				\$78.73	
L3580		ORTHOPEDIC SHOE ADDITION, CONVERT INSTEP TO VELCO CLOSURE				\$59.94	
L3590		ORTHOPECIC SHOE ADDITION, CONVERT FIRM SHOE COUNTER TO SOFT COUNTER				\$49.36	
L3595		ORTHOPEDIC SHOE ADDITION, MARCH BAR				\$38.74	
		TRANSFER OR REPLACEMENT, ORTHOTICS					
L3600		TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE EXISTING				\$70.50	
L3610		TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE NEW				\$92.82	
L3620		TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP EXISTING				\$70.50	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
L3630		TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP NEW				\$92.82	
L3640		TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, DENNIS BROWNE SPLINT (RIVETON), BOTH SHOES				\$39.95	
L3649		ORTHOPEDIC SHOE, MODIFICATION, ADDITION OR TRANSFER, NOS	X	PA REQUIRED IF BILLED OVER \$500 EXCEPT FOR IN A NF OR ICF/DD		RNE	
		SHOULDER ORTHOTIC (SO), ORTHOTICS					
L3650		SHOULDER ORTHOSIS, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	\$59.79	
L3660		SHOULDER ORTHOSIS, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER, CANVAS & WEBBING, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	\$109.34	
L3670		SHOULDER ORTHOSIS, ACROMIO/CLAVICULAR (CANVAS & WEBBING TYPE), PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	\$128.08	
L3671		SHOULDER ORTHOSIS, SHOULDER CAP DESIGN, W/O JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING & ADJUSTMENT			X	\$757.57	
L3674		SHOULDER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT & SUPPORT BAR, W/OR W/O NONTORSION JOINT/TURNBuckle				RNE	

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L3675		SHOULDER ORTHOSIS, VEST TYPE ABDUCTION RESTRAINER, CANVAS WEBBING TYPE OR EQUAL, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	\$147.52	
L3677		SHOULDER ORTHOSIS, HARD PLASTIC, SHOULDER STABILIZER, PRE-FABRICATED, INCLUDES FITTING & ADJUSTMENT	X	PA REQUIRED IF BILLED OVER \$500 EXCEPT FOR IN A NF OR ICF/DD	X	RNE	
L3678		SHOULDER ORTHOSIS, SHOULDER JOINT DESIGN, W/O JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, OFF-THE-SHELF	X	PA REQUIRED IF BILLED OVER \$500 EXCEPT FOR IN A NF OR ICF/DD		RNE	
		ELBOW ORTHOTIC (EO), ORTHOTICS					
L3702		ELBOW ORTHOSIS, W/O JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING & ADJUSTMENT			X	\$242.79	
L3710		ELBOW ORTHOSIS, ELASTIC W/METAL JOINTS, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	\$105.01	
L3720		ELBOW ORTHOSIS, DOUBLE UPRIGHT W/FOREARM/ARM CUFFS, FREE MOTION, CUSTOM-FABRICATED			X	\$581.73	
L3730		ELBOW ORTHOSIS, DOUBLE UPRIGHT W/FOREARM/ARM CUFFS, EXTENSION/FLEXIONASSIST, CUSTOM-FABRICATED			X	\$911.87	
L3740		ELBOW ORTHOSIS, DOUBLE UPRIGHT W/FOREARM/ARM CUFFS, ADJUSTABLE POSITION LOCK W/ACTIVE CONTROL, CUSTOM FABRICATED			X	\$964.51	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
L3760		ELBOW ORTHOSIS, W/ADJUSTABLE POSITION LOCKING JOINT(S), PREFABRICATED INCLUDES FITTING & ADJUSTMENTS, ANY TYPE			X	\$420.46	
L3762		ELBOW ORTHOSIS, RIGID, W/O JOINTS, INCLUDES SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	\$90.41	
L3763		ELBOW WRIST HAND ORTHOSIS, RIGID, W/O JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING & ADJUSTMENT			X	\$596.90	
L3764		ELBOW WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM			X	\$627.59	
L3765		ELBOW WRIST HAND FINGER ORTHOSIS, RIGID, W/O JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING & ADJUSTMENT			X	\$1,078.10	
L3766		ELBOW WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS			X	\$1,141.62	
		WRIST/HAND/FINGER ORTHOTIC (WHFO), ORTHOTICS					
L3806		WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE			X	\$381.92	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
L3807		WRIST HAND FINGER ORTHOSIS, W/O JOINT(S), PREFABRICATED, INCLUDES FITTING & ADJUSTMENTS, ANY TYPE			X	\$210.22	
L3808		WRIST HAND FINGER ORTHOSIS, RIGID W/O JOINTS, MAY INCLUDE SOFT INTERFACE MATERIAL; STRAPS, CUSTOM FABRICATED, INCLUDES FITTING & ADJUSTMENT			X	\$288.88	
L3809		WRIST HAND FINGER ORTHOSIS, W/O JOINT(S), PREFABRICATED, OFF-THE-SHELF, ANY TYPE	X	PA REQUIRED IF BILLED OVER \$500 EXCEPT FOR IN A NF OR ICF/DD		RNE	
		ADDITION TO UPPER EXTREMITY ORTHOTIC, ORTHOTICS					
L3891		ADDITION TO UPPER EXTREMITY JOINT, WRIST OR ELBOW, CONCENTRIC ADJUSTABLE	X	PA REQUIRED IF BILLED OVER \$500 EXCEPT FOR IN A NF OR ICF/DD		RNE	
		DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/FLEXION, FINGER FLEXION/EXTENSION, ORTHOTICS					
L3900		TORSION STYLE MECHANISM FOR CUSTOM FABRICATED ORTHOTICS ONLY			X	\$1,375.06	
L3901		WRIST HAND FINGER ORTHOSIS, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/FLEXION, FINGER FLEXION/EXTENSION, CABLE DRIVEN, CUSTOM-FABRICATED			X	\$1,593.38	
		EXTERNAL POWER, ORTHOTICS					
L3904		WRIST HAND FINGER ORTHOSIS, EXTERNAL POWERED, ELECTRIC, CUSTOM FABRICATED			X	\$2,487.63	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
		OTHER UPPER EXTREMITY ORTHOTICS, ORTHOTICS					
L3905		WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICAT			X	\$833.80	
L3906		WRIST HAND ORTHOSIS, W/O JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING & ADJUSTMENT			X	\$339.55	
L3908		WRST HAND ORTHOSIS, WRIST EXTENSION CONTROL COCK-UP, NON-MOLDED, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT				\$51.72	
L3912		HAND FINGER ORTHOSIS, FLEXION GLOVE W/ELASTIC FINGER CONTROL, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	\$99.66	
L3913		HAND FINGER ORTHOSIS, W/O JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING & ADJUSTMENT			X	\$227.71	
L3915		WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS,TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED			X	\$446.95	
L3916		WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED	X	PA REQUIRED IF BILLED OVER \$500 EXCEPT FOR IN A NF OR ICF/DD		RNE	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
L3917		HAND ORTHOSIS, METACARPAL FRACTURE ORTHOSIS, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	\$88.79	
L3918		HAND ORTHOSIS, METACARPAL FRACTURE ORTHOSIS, PREFABRICATED, OFF-THE-SHELF	X	PA REQUIRED IF BILLED OVER \$500 EXCEPT FOR IN A NF OR ICF/DD		RNE	
L3919		HAND ORTHOSIS, W/O JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING & ADJUSTMENT			X	\$227.71	
L3921		HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED			X	\$270.05	
L3923		HAND FINGER ORTHOSIS, W/O JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	\$75.45	
L3924		HAND FINGER ORTHOSIS, W/O JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPSPREFABRICATED, OFF-THE-SHELF	X	PA REQUIRED IF BILLED OVER \$500 EXCEPT FOR IN A NF OR ICF/DD		RNE	
L3925		FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL (PIP)/DISTAL INTERPHALANGEAL (DIP), NON TORSION JOINT/SPRING, EXTENSION/FLEXION, MAY INCLUDE SOFT			X	\$57.43	
L3927		FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL (PIP)/DISTAL INTERPHALANGEAL (DIP),W/O JOINT/SPRING, EXTENSION/FLEXION (E.G. STATIC OR RING			X	\$31.30	

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L3929		HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS			X	\$91.07	
L3930		HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS(S), TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS	X	PA REQUIRED IF BILLED OVER \$500 EXCEPT FOR IN A NF OR ICF/DD		RNE	
L3931		WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE			X	\$202.54	
L3933		FINGER ORTHOSIS, W/O JOINTS, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING & ADJUSTMENT			X	\$179.39	
L3935		FINGER ORTHOSIS, NONTORSION JOINT, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING & ADJUSTMENT			X	\$185.75	
L3956		ADDITION OF JOINT TO UPPER EXTREMITY ORTHOSIS, ANY MATERIAL, PER JOINT	X	PA REQUIRED IF BILLED OVER \$500 EXCEPT FOR IN A NF OR ICF/DD		RNE	
		SHOULDER,/ELBOW/WRIST/HAND ORTHOTIC, ORTHOTICS					
L3960		SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING, AIRPLANE DESIGN, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	\$684.25	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
L3961		SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOULDER CAP DESIGN, W/O JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING			X	\$1,412.61	
L3962		SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING, ERBS PALSEY DESIGN, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	\$711.40	
L3967		SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT & SUPPORT BAR, W/O JOINTS, MAY INCLUDE			X	\$1,667.82	
		ADDITIONS TO MOBILE ARM SUPPORTS, ORTHOTICS					
L3971		SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOULDER CAP DESIGN, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT			X	\$1,583.12	
L3973		SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, INCLUDES ONE OR MORE NONTORS			X	\$1,667.82	
L3975		SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, SHOULDER CAP DESIGN, W/O JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES			X	\$1,412.61	
L3976		SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT & SUPPORT BAR, W/O JOINTS, MAY			X	\$1,412.61	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
L3977		SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, SHOULDER CAP DESIGN, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE			X	\$1,583.12	
L3978		SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT & SUPPORT BAR, INCLUDES ONE OR MORE			X	\$1,667.82	
		FRACTURE ORTHOTIC, ORTHOTICS					
L3980		UPPER EXTREMITY FRACTURE ORTHOSIS, HUMERAL, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	\$312.74	
L3982		UPPER EXTREMITY FRACTURE ORTHOSIS, RADIUS/ULNAR, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	\$330.40	
L3984		UPPER EXTREMITY FRACTURE ORTHOSIS, WRIST, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	\$351.89	
L3995		ADDITION TO UPPER EXTREMITY ORTHOSIS, SOCK, FRACTURE OR EQUAL		EACH		\$27.77	
L3999		UPPER LIMB ORTHOSIS, NOT OTHERWISE SPECIFIED REVIEW PRICING	X	PA REQUIRED IF BILLED OVER \$500 EXCEPT FOR IN A NF OR ICF/DD	X	RNE	
		REPAIRS, ORTHOTICS					
L4000		REPLACE GIRDLE FOR SPINAL ORTHOSIS (CTL SO OR SO)			X	\$1,231.16	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
L4002		REPLACEMENT STRAP, ANY ORTHOSIS, INCLUDES ALL COMPONENTS, ANY LENGTH, ANY TYPE	X	PA REQUIRED IF BILLED OVER \$500 EXCEPT FOR IN A NF OR ICF/DD	X	RNE	
L4010		REPLACE TRILATERAL SOCKET BRIM			X	\$652.66	
L4020		REPLACE QUADRILATERAL SOCKET BRIM, MOLDED TO PATIENT MODEL			X	\$840.58	
L4030		REPLACE QUADRILATERAL SOCKET BRIM, CUSTOM FITTED			X	\$452.31	
L4040		REPLACE MOLDED THIGH LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY			X	\$373.52	
L4045		REPLACE NON-MOLDED THIGH LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY			X	\$306.60	
L4050		REPLACE MOLDED CALF LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY			X	\$404.51	
L4055		REPLACE NON-MOLDED CALF LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY			X	\$248.12	
L4060		REPLACE HIGH ROLL CUFF			X	\$284.11	
L4070		REPLACE PROXIMAL & DISTAL UPRIGHT FOR KAFO			X	\$277.81	
L4080		REPLACE METAL BAND KAFO, PROXIMAL THIGH			X	\$106.35	
L4090		REPLACE METAL BAND KAFO-AFO, CALF OR DISTAL THIGH			X	\$100.52	
L4100		REPLACE LEATHER CUFF KAFO-AFO, PROXIMAL THIGH			X	\$95.48	

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L4110		REPLACE LEATHER CUFF KAFO-AFO, CALF OR DISTAL THIGH			X	\$78.21	
L4130		REPLACE PRETIBIAL SHELL			X	\$474.80	
L4205		REPAIR OF ORTHOTIC DEVICE, LABOR COMPONENT, PER 15 MINUTES				\$18.44	
L4210		REPAIR OF ORTHOTIC DEVICE, REPAIR OR REPLACE MINOR PARTS				RNE	
L4210	52	REPAIR OF ORTHOTIC DEVICE, REPAIR OR REPLACE MINOR PARTS REVIEW SERVICE				RNE	
		MISCELLANEOUS LOWER LIMB SUPPORTS, ORTHOTICS					
L4350		ANKLE CONTROL ORTHOSIS, STIRRUP STYLE, RIGID, INCLUDES ANY TYPE INTERFACE (E.G., PNEUMATIC, GEL), PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	\$77.60	
L4360		WALKING BOOT, PNEUMATIC &/OR VACUUM, W/OR W/O JOINTS, W/OR W/O INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	\$240.36	
L4361		WALKING BOOT, PNEUMATIC &/OR VACUUM, W/OR W/O JOINTS, W/OR W/O INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF	X	PA REQUIRED IF BILLED OVER \$500 EXCEPT FOR IN A NF OR ICF/DD		RNE	
L4370		PNEUMATIC FULL LEG SPLINT, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	\$163.88	

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L4386		WALKING BOOT, NON-PNEUMATIC, W/OR W/O JOINTS, W/OR W/O INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	\$146.48	
L4387		WALKING BOOT, NON-PNEUMATIC, W/OR W/O JOINTS, W/OR W/O INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF	X	PA REQUIRED IF BILLED OVER \$500 EXCEPT FOR IN A NF OR ICF/DD		RNE	
L4392		REPLACEMENT SOFT INTERFACE MATERIAL, STATIC AFO				\$20.97	
L4394		REPLACE SOFT INTERFACE MATERIAL, FOOT DROP SPLINT				\$15.27	
L4396		STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUSTABLE FOR FIT, FOR POSITIONING, MAY BE USED FOR MINIMAL AM			X	\$149.53	
L4397		STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUSTABLE FOR FIT, FOR POSITIONING, MAY BE USED FOR MINIMAL AMB	X	PA REQUIRED IF BILLED OVER \$500 EXCEPT FOR IN A NF OR ICF/DD		RNE	
L4398		FOOT DROP SPLINT, RECUMBENT POSITIONING DEVICE, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT			X	\$68.83	
L4631		ANKLE FOOT ORTHOSIS, WALKING BOOT TYPE, VARUS/VALGUS CORRECTION, ROCKER BOTTOM, ANTERIOR TIBIAL SHELL, SOFT INTERFACE, CUSTOM ARCH SUPPORT				\$1,367.52	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
		PARTIAL FOOT, PROSTHETICS					
L5000		PARTIAL FOOT, SHOE INSERT W/LONGITUDINAL ARCH, TOE FILLER			X	\$488.14	
L5000	52	PARTIAL FOOT, SHOE INSERT W/LONGITUDINAL ARCH, TOE FILLER				\$244.07	
L5010		PARTIAL FOOT, MOLDED SOCKET, ANKLE HEIGHT, W/TOE FILLER				\$1,303.77	
L5020		PARTIAL FOOT, MOLDED SOCKET, TIBIAL TUBERCLE HEIGHT, W/TOE FILLER			X	\$1,832.81	
		ANKLE, PROSTHETICS					
L5050		ANKLE, SYMES, MOLDED SOCKET		EACH FOOT	X	\$2,139.58	
L5060		ANKLE, SYMES, METAL FRAME, MOLDED LEATHER SOCKET, ARTICULATED ANKLE/FOOT			X	\$2,819.02	
		BELOW KNEE, PROSTHETICS					
L5100		BELOW KNEE, MOLDED SOCKET, SHIN		EACH FOOT	X	\$2,435.94	
L5105		BELOW KNEE, PLASTIC SOCKET, JOINTS & THIGH LACER		EACH FOOT, J90 ONLY	X	\$3,441.67	
		KNEE DISARTICULATION, PROSTHETICS					
L5150		KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, EXTERNAL KNEE JOINTS, SHIN		EACH FOOT	X	\$3,791.08	
L5160		KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, BENT KNEE CONFIGURATION, EXTERNAL KNEE JOINTS, SHIN		EACH FOOT	X	\$4,028.57	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
		ABOVE KNEE, PROSTHETICS					
L5200		ABOVE KNEE, MOLDED SOCKET, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN		EACH FOOT	X	\$3,262.06	
L5210		ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ("STUBBIES"), W/FOOT BLOCKS, NO ANKLE JOINTS		EACH FOOT	X	\$2,409.00	
L5220		ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ("STUBBIES"), W/ARTICULATED ANKLE/FOOT, DYNAMICALLY ALIGNED		EACH FOOT		\$2,820.14	
L5230		ABOVE KNEE, FOR PROXIMAL FEMORAL FOCAL DEFICIENCY, CONSTANT FRICTION KNEE, SHIN		EACH FOOT	X	\$3,754.43	
		HIP DISARTICULATION, PROSTHETICS					
L5250		HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN		EACH FOOT	X	\$5,393.12	
L5270		HIP DISARTICULATION, TILT TABLE TYPE; MOLDED SOCKET, LOCKING HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN		EACH FOOT	X	\$5,649.36	
		HEMIPELVECTOMY, PROSTHETICS					
L5280		HEMIPELVECTOMY, CANADIAN TYPE, MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN		EACH FOOT	X	\$5,544.90	
L5301		BELOW KNEE, MOLDED SOCKET, SHIN, ENDOSKELETAL SYSTEM		EACH FOOT	X	\$2,406.09	

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L5312		KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, SINGLE AXIS KNEE, PYLON, ENDOSKELETAL SYSTEM		EACH FOOT		RNE	
L5321		ABOVE KNEE, MOLDED SOCKET, OPEN END, ENDOSKELETAL SYSTEM, SINGLE AXIS KNEE		EACH FOOT	X	\$3,039.69	
L5331		HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE		EACH FOOT	X	\$5,138.36	
L5341		HEMIPELVECTOMY, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE		EACH FOOT	X	\$5,252.13	
L5400		IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INC FITTING, ALIGNMENT, SUSPENSION, & 1 CAST CHANGE, BELOW KNEE				\$1,251.90	
		INITIAL PROSTHESIS, PROSTHETICS					
L5500		INITIAL, BELOW KNEE "PTB" TYPE SOCKET, "USMC" OR EQUAL PYLON, NO COVER, PLASTER SOCKET, DIRECT FORMED		EACH FOOT		\$1,555.98	
L5505		INITIAL, ABOVE KNEE-KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, "USMC" OR EQUAL PYLON, NO COVER, PLASTER SOCKET, DIRECT FORMED		EACH FOOT		\$1,821.52	
		PREPATORY PROSTHESES, PROSTHETICS					
L5510		PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, "USMC" OR EQUAL PYLON, NO COVER, THERMOPLASTIC OR EQUAL, DIRECT FORMED		EACH FOOT		\$1,598.13	

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L5520		PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, "UXMC" OR EQUAL PYLON, NO COVER, THERMOPLASTIC OR EQUAL, DIRECT FORMED		EACH FOOT		\$1,623.28	
L5530		PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, "USMC" OR EQUAL PYLON, NO COVER, THERMOPLASTIC OR EQUAL, MOLDED TO PATIENT		EACH FOOT		\$1,701.36	
L5535		PREPARTORY, BELOW KNEE PTB TYPE SOCKET, NON-ALIGNALBE SYSTEM				\$1,882.97	
L5540		PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, "USMC" OR EQUAL PYLON, NO COVER, LAMINATED SOCKET, MOLDED TO MODEL		EACH FOOT		\$2,088.03	
L5560		PREPARATORY, ABOVE KNEE-KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, "USMC" OR EQUAL PYLON, NO COVER, PLASTER SOCKET, MOLDED TO MODEL		EACH FOOT		\$2,008.35	
L5570		PREPARATORY, ABOVE KNEE-KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, "USMC" OR EQUAL PYLON, NO COVER, THERMOPLASTIC OR EQ, DIRECT FO		EACH FOOT		\$2,221.43	
L5580		PREPARATORY, ABOVE KNEE-KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, "USMC" OR EQUAL PYLON, NO COVER, THERMOPLASTIC OR EQUAL, MOLDED		EACH FOOT		\$2,411.37	
L5585		PREPARATORY, ABOVE KNEE-KNEE DISARTICUALTION, ISCHIAL LEVEL SOCKET, "USMC" OR EQUAL PYLON, NO COVER, PREFAB. ADJUSTABLE OPEN END SC		EACH FOOT		\$2,571.50	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
L5590		PREPARATROY, ABOVE KNEE-KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, "USMC" OR EQUAL PYLON, NO COVER, LAMINATED SOCKET, MLDED TO MODE		EACH FOOT		\$2,598.06	
L5595		PREPARATORY, HIP DISARTICULATION-HEMIPELVECTOMY, PYLON				\$3,723.88	
L5600		PREPARTORY, HIP DISARTICUALTIN-HEMIPELVECTOMY, PYLON, NO COVER				\$4,150.23	
		ADDITIONS: LOWER EXTREMITY, PROSTHETICS					
L5610		ADDITION TO LOWER EXTREMITY, ABOVE KNEE, HYDRACADENCE SYSTEM				\$2,553.05	
L5611		ADDITION TO LOWER EXTREMITY, ABOVE KNEE-KNEE DISARTICULATION, 4 BAR LINKAGE, W/FRICTION SWING PHASE CONTROL				\$1,708.14	
L5613		ADDITION TO LOWER EXTREMITY, ABOVE KNEE-KNEE DISARTICULATION4 BAR LIKKAGE, W/HYDRAULIC SWING PHASE CONTROL				\$2,759.42	
L5614		ADDITION TO LOWER EXTREMITY, ABOVE KNEE-KNEE DISARTICULATION, 4-BAR LINKAGE, W/PNEUMATIC SWING PHASE CONTROL				\$1,561.99	
L5616		ADDITION TO LOWER EXTREMITY, ABOVE KNEE, UNIVERSAL MULTIPLEX SYSTEM, FRICTION SWING PHASE CONTROL				\$1,470.68	

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L5617		ADDITION TO LOWER EXTREMITY, QUICK CHANGE SELF-ALIGNING UNIT, ABOVE KNEE OR BELOW KNEE	EACH			\$517.36	
		ADDITIONS: TEST SOCKETS, PROSTHETICS					
L5618		ADDITION TO LOWER EXTREMITY, TEST SOCKET, SYMES				\$275.07	
L5620		ADDITION TO LOWER EXTREMITY, TEST SOCKET, BELOW KNEE				\$261.76	
L5622		ADDITION TO LOWER EXTREMITY, TEST SOCKET, KNEE DISARTICULATION				\$337.27	
L5624		ADDITION TO LOWER EXTREMITY, TEST SOCKET, ABOVE KNEE				\$336.23	
L5626		ADDITION TO LOWER EXTREMITY, TEST SOCKET, HIP DISARTICULATION				\$450.93	
L5628		ADDITION TO LOWER EXTREMITY, TEST SOCKET, HEMIPELVECTOMY				\$468.03	
L5629		ADDITION TO LOWER EXTREMITY, BEOW KNEE, ACRYLIC SOCET				\$293.91	
		ADDITIONS: SOCKET VARIATIONS, PROSTHETICS					
L5630		ADDITION TO LOWER EXTREMITY, SYMES TYPE, EXPANDABLE WALL SOCKET				\$533.14	
L5631		ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICUATION, ACRYLIC SOCKET				\$406.35	

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L5632		ADDITION TO LOWER EXTREMITY, SYMES TYPE, "PTB" BRIM DESIGN SOCKET				\$232.88	
L5634		ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING (CANADIAN)SOCKET				\$302.50	
L5636		ADDITION YO LOWER EXTREMITY, SYMES TYPE, MEDIAL OPENING SOCKET				\$238.55	
L5637		ADDITION TO LOWER EXTREMITY, BELOW KNEE, TOTAL CONTACT(FOR J90 USE ONLY)				\$267.18	
L5638		ADDITION TO LOWER EXTREMITY, BELOW KNEE, LEATHER SOCKET				\$450.08	
L5639		ADDITION TO LOWER EXTREMITY, BELOW KNEE, WOOD SOCKET				\$1,036.91	
L5640		ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, LEATHER SOCKET				\$618.39	
L5642		ADDITION TO LOWER EXTREMITY, ABOVE KNEE, LEATHER SOCKET				\$587.13	
L5643		ADDITION TO LOWER EXTREMITY, HIP DISARTICULATION, FLEXIBLE INNER SOCKET, EXTERNAL FRAME				\$1,439.46	
L5644		ADDITION TO LOWER EXTREMITY, ABOVE KNEE, WOOD SOCKET				\$597.10	
L5645		ADDITION TO LOWER EXTREMITY, BELOW KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME				\$737.92	

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L5646		ADDITION TO LOWER EXTREMITY, BELOW KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION SOCKET				\$506.72	
L5647		ADDITION TO LOWER EXTREMITY, BELOW KNEE, SUCTION SOCKET				\$980.89	
L5648		ADDITION TO LOWER EXTREMITY, ABOVE KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION SOCKET				\$666.29	
L5649		ADDITION TO LOWER EXTREMITY, CAT-CAM SOCKET				\$1,760.84	
L5650		ADDITIONS TO LOWER EXTREMITY, TOTAL CONTACT, ABOVE KNEE OR KNEE DISARTICULATION SOCKET				\$451.49	
L5651		ADDITION TO LOWER EXTREMITY, ABOVE KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME				\$1,110.66	
L5652		ADDITIONS TO LOWER EXTREMITY, SUCTION SUSPENSION, ABOVE KNEE OR KNEE DISARTICULATION SOCKET				\$403.21	
L5653		ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, EXPANDABLE WALL SOCKET				\$623.07	
		ADDITIONS: SOCKET INSERT & SUSPENSION, PROSTHETICS					
L5654		ADDITION TO LOWER EXTREMITY, SOCKET INSERT, SYMES (KEMBLO, PELITE, ALI PLAST, PLASTAZOTE OR EQUAL)				\$327.82	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
L5655		ADDITION TO LOWER EXTREMITY, SOCKET INSERT, BELOW KNEE (KEMBLO, PELITE, ALIPLAST PLASTAZOTE OR EQUAL)				\$245.30	
L5656		ADDITION TO LOWER EXTREMITY, SOCKET INSERT, KNEE DISARTICULATION, (KEMB LO, ALIPLAST, PLASTAZOTE OR EQUAL)				\$388.75	
L5658		ADDITION TO LOWER EXTREMITY, SOCKET INSERT, ABOVE KNEE (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)				\$404.86	
L5661		ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROMETER, SYMES				\$631.33	
L5665		ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUORMETER, BELOW KNEE				\$623.99	
L5666		ADDITION TO LOWER EXTREMITY, BELOW KNEE, CUFF SUSPENSION				\$69.02	
L5668		ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED DISTAL CUSHION				\$94.52	
L5670		ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED SUPRECONDULAR SUSPENSIO N ("PTS" OR SIMILAR)				\$250.95	
L5671		ADDITION TO LOWER EXTREMITY, BELOW KNEE / ABOVE KNEE SUSPENSION LOCKING MECHANISM (SHUTTLE, LANYARD OR EQUAL), EXCLUDES SOCKET INSERT				\$613.36	
L5672		ADDITION TO LOWER EXTREMITY, BELOW KNEE, REMOVABLE MEDIAL BRIM SUSPENSION				\$285.12	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
L5673		ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL				\$692.79	
L5676		ADDITION TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, SINGLE AXIS	PAIR			\$335.13	
L5677		ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, POLYCENTRIC	PAIR			\$490.52	
L5678		ADDITION TO LOWER EXTREMITY, BELOW KNEE, JOINTS COVERS	PAIR			\$41.32	
L5679		ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL				\$577.31	
L5680		ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, NON-MOLDED				\$308.92	
L5681		ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET INSERT FOR CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL				\$1,217.57	
L5682		ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, GLUTEAL/ISCHIAL, MOLDED				\$622.08	
L5683		ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET INSERT FOR OTHER THAN CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE				\$1,217.57	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
L5684		ADDITION TO LOWER EXTREMITY, BELOW KNEE, FORK STRAP				\$49.27	
L5685		ADDITION TO LOWER EXTREMITY PROSTHESIS, BELOW KNEE, SUSPENSION/SEALING SLEEVE, W/OR W/O VALVE, ANY MATERIAL	EACH			\$118.57	
L5686		ADDITION TO LOWER EXTREMITY, BELOW KNEE, BACK CHECK (EXTENSION CONTROL)				\$50.92	
L5688		ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, WEBBING				\$65.60	
L5690		ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, PADDED & LINED				\$92.22	
L5692		ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, LIGHT				\$147.36	
L5694		ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, PADDED & LINED				\$167.77	
L5695		ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, SLEEVE SUSPENSION, NEOPRENE OR EQUAL	EACH KNEE (J90 ONLY)			\$150.82	
L5696		ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC JOINT				\$182.65	
L5697		ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC BAND				\$74.24	

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L5698		ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, SILES & BANDAGE				\$107.25	
L5699		ALL LOWER EXTREMITY PROSTHESES, SHOULDER HARNESS				\$172.44	
		REPLACEMENTS, PROSTHETICS					
L5700		REPLACEMENT, SOCKET, BELOW KNEE, MOLDED TO PATIENT MODEL			X	\$3,116.76	
L5701		REPLACEMENT, SOCKET, ABOVE KNEE/KNEE DISARTICULATION, INCLUDING ATTACHMENT PLATE, MOLDED TO PATIENT MODEL			X	\$3,667.07	
L5702		REPLACEMENT, SOCKET, HIP DISARTICULATION, INCLUDING HIP JOINT, MOLDED TO PATIENT MODEL			X	\$5,338.94	
L5703		ANKLE, SYMES, MOLDED TO PATIENT MODEL, SOCKET W/O SOLID ANKLE CUSHION HEEL			X	\$1,945.64	
L5704		CUSTOM SHAPED PROTECTIVE COVER, BELOW KNEE			X	\$574.99	
L5705		CUSTOM SHAPED PROTECTIVE COVER, ABOVE KNEE			X	\$943.96	
L5706		CUSTOM SHAPED PROTECTIVE COVER, KNEE DISARTICULATION			X	\$935.60	
L5707		CUSTOM SHAPED PROTECTIVE COVER, HIP DISARTICULATION			X	\$1,329.95	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
		ADDITIONS: EXOSKELETAL KNEE-SHIN SYSTEM, PROSTHETICS					
L5710		ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK				\$377.01	
L5711		ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT MATERIAL				\$529.48	
L5712		ADDITION EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING & STANCE PHASE CONTROL (SAFETY KNEE)				\$401.69	
L5714		ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, VARIABLE FRICTION SWING PHASE CONTROL				\$440.77	
L5716		ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE LOCK				\$756.67	
L5718		ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING & STANCE PHASE CONTROL				\$1,123.34	
L5722		ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL				\$998.12	
L5724		ADDITON, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL				\$1,693.15	
L5726		ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, EXTERNAL JOINTS, FLUID SWING PHASE CONTROL				\$1,874.81	

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L5728		ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING & STANCE PHASE CONTROL				\$2,342.29	
L5780		ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC, HYDRA PNEUMATIC SWING PHASE CONTROL				\$1,411.80	
L5781		ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT & MOISTURE EVACUATION SYSTEM				\$3,703.68	
		COMPONENT MODIFICATION, PROSTHETICS					
L5785		ADDITION, EXOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)				\$480.50	
L5790		ADDITION, EXOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)				\$683.27	
L5795		ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)				\$992.99	
		ADDITIONS: ENDOSKELETAL KNEE-SHIN SYSTEM					
L5810		ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK				\$450.26	
L5811		ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT MATERIAL				\$709.07	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
L5812		ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING & STANCE PHASE CONTROL (SAFETY KNEE)				\$561.03	
L5814		ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, HYDRAULIC SWING PHASE				\$3,437.73	
L5816		ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE LOCK				\$786.52	
L5818		ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING & STANCE PHASE CONTROL				\$1,048.16	
L5822		ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL				\$1,574.92	
L5824		ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL				\$1,471.02	
L5826		ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, HYRAULIC SWING PHASE CONTROL, W MINIATURE HIGH ACTIVITY FRAME				\$2,890.73	
L5828		ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING & STANCE PHASE CONTROL				\$2,900.38	
L5830		ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/HYDRAPNEUMATIC SWING PHASE CONTROL				\$1,920.54	

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L5840		ADDITION, ENDOSKELETAL KNEE/SHIN SYSTEM, MULTIAXIAL, PNEUMATIC SWING PHASE CONTROL				\$3,805.73	
L5845		ADDITION, ENDOSKELETAL, KNEE-SHIN SYSTEM, STANCE FLEXION FEATURE, ADJUSTABLE				\$1,659.09	
L5848		ADDITION TO ENDOSKELETAL KNEE-SHIN SYSTEM, FLUID STANCE EXTENSION, DAMPENING FEATURE, W/OR W/O ADJUSTABILITY				\$995.36	
L5850		ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, KNEE EXTENSION ASSIST				\$118.30	
L5855		ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, MECHANICAL HIP EXTENSION ASSIST				\$380.82	
L5859		ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, POWERED & PROGRAMMABLE FLEXION/EXTENSION ASSIST CONTROL, INCLUDES ANY	X	PA REQUIRED IF BILLED OVER \$500 EXCEPT FOR IN A NF OR ICF/DD	RNE		
L5910		ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ALIGNABLE SYSTEM				\$334.95	
L5920		ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, ALIGNABLE SYSTEM				\$490.70	
L5925		ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, KNEE DISARTICULATION OR HIP DISARTICULATION, MANUAL LOCK				\$411.21	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
L5930		ADDITION, ENDOSKELETAL SYSTEM, HIGH ACTIVITY KNEE CONTROL FRAME				\$3,112.48	
L5940		ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL(TITANIUM, CARBON FIBER OR EQUAL)				\$615.28	
L5950		ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL(TITANIUM, CARBON FIBER OR EQUAL)				\$772.99	
L5960		ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL(TITANIUM, CARBON FIBER OR EQUAL)				\$988.63	
L5961		ADDITION, ENDOSKELETAL SYSTEM, POLYCENTRIC HIP JOINT, PNEUMATIC OR HYDRAULIC CONTROL, ROTATION CONTROL, W/OR W/O FLEXION &/OR EXTENSION				\$4,802.84	
L5962		ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM				\$724.82	
L5964		ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, FLEXIBLE PROTECTION OUTER SURFACE COVERING SYSTEM				\$1,063.82	
L5966		ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM				\$1,379.19	
L5968		ADDITION TO LOWER LIMB PROSTHESIS, MULTIAXIAL ANKLE W/SWING PHASE ACTIVE DORSIFLEXION FEATURE				\$3,363.73	

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L5969		ADDITION, ENDOSKELETAL ANKLE-FOOT OR ANKLE SYSTEM, POWER ASSIST, INCLUDES ANY TYPE MOTOR(S)	X	PA REQUIRED IF BILLED OVER \$500 EXCEPT FOR IN A NF OR ICF/DD		RNE	
L5970		ALL LOWER EXTREMITY PROSTHESES, FOOT, EXTERNAL KEEL, SACH FOOT				\$193.92	
L5971		ALL LOWER EXTREMITY PROSTHESES, SOLID ANKLE CUSHION HEEL (SACH) FOOT		REPLACEMENT ONLY		\$193.92	
L5972		ALL LOWER EXTREMITY PROSTHESES, FLEXIBLE KEEL FOOT (SAFE, STEN, BOCK DYNAMIC OR EQUAL)			X	\$360.77	
L5974		ALL LOWER EXTREMITY PROSTHESES, FOOT, SINGLE AXIS ANKLE/FOOT			X	\$234.72	
L5975		ALL LOWER EXTREMITY PROSTHESES, COMBINATION SINGLE AXIS ANKLE & FLEXIBLE KEEL FOOT			X	\$429.11	
L5976		ALL LOWER EXTREMITY PROSTHESES, ENERGY STORING FOOT (SEATTLE CARBON COP II OR EQUAL			X	\$583.40	
L5978		ALL LOWER EXTREMITY PROSTHESES, FOOT, MULTIAXIAL ANKLE/FOOT			X	\$359.86	
L5979		ALL LOWER EXTREMITY PROSTHESES, MULTI-AXIAL ANKLE, DYNAMIC RESPONSE FOOTONE PIECE SYSTEM			X	\$2,813.70	
L5980		ALL LOWER EXTREMITY PROSTHESES, FLEX FOOT SYSTEM			X	\$3,816.40	
L5981		ALL LOWER EXTREMITY PROSTHESES, FLEX-WALK SYSTEM OR EQUAL			X	\$3,088.57	

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L5982		ALL EXOSKELETAL LOWER EXTREMITY PROSTHESES, AXIAL ROTATION UNIT		J90 ONLY	X	\$623.07	
L5984		ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESIS, AXIAL ROTATION UNIT, W/OR W/O ADJUSTABILITY			X	\$617.38	
L5985		ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESES, DYNAMIC PROSTHETIC PYLON			X	\$261.12	
L5986		ALL LOWER PROSTHETICS, MULTIPLE AXLE, ROTATION UNITS			X	\$660.67	
L5987		ALL LOWER EXTREMITY PROSTHESIS, SHANK FOOT SYSTEM W/VERTICAL LOADING PYLON			X	\$6,658.90	
L5988		ADDITION TO LOWER LIMB PROSTHESIS, VERTICAL SHOCK REDUCING PYLON FEATURE				\$1,849.15	
L5990		ADDITION TO LOWER EXTREMITY PROSTHESIS, USER ADJUSTABLE HEEL HEIGHT				\$1,679.31	
L5999		LOWER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED	X	PA REQUIRED IF BILLED OVER \$500 EXCEPT FOR IN A NF OR ICF/DD	X	RNE	
		PARTIAL HAND, PROSTHETICS					
L6000		PARTIAL HAND, ROBIN-AIDS, THUMB REMAINING (OR EQUAL)			X	\$1,593.04	
L6010		PARTIAL HAND, ROBIN-AIDS, LITTLE AND/OR RING FINGER REMAINING (OR EQUAL)			X	\$1,778.96	

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L6020		PARTIAL HAND, ROBIN-AIDS, NO FINGER REMAINING (OR EQUAL) L6110			X	\$1,699.96	
		WRIST DISARTICULATION, PROSTHETICS					
L6050		WRIST DISARTICULATION, MOLDED SOCKET, FLEXIBLE ELBOW HINGES, TRICEPS PAD			X	\$2,106.75	
L6055		WRIST DISARTICULATION, MOLDED SOCKET W/EXPANDABLE INTERFACE, FLEXIBLE ELBOW HINGES, TRICEPS PAD			X	\$2,577.78	
		BELOW ELBOW, PROSTHETICS					
L6100		BELOW ELBOW, MOLDED SOCKET, FLEXIBLE ELBOW HINGE, TRICEPS PAD			X	\$2,177.93	
L6110		BELOW ELBOW, MOLDED SOCKET (MUNSTER OR NORTHWESTERN SUSPENSION TYPES)			X	\$2,358.26	
L6120		BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STEP-UP HINGES, HALF CUFF			X	\$2,624.16	
L6130		BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STUMP ACTIVATED LOCKING HINGE, HALF CUFF			X	\$2,742.93	
		ELBOW DISARTICULATION, PROSTHETICS					
L6200		ELBOW DISARTICULATION, MOLDED SOCKET, OUTSIDE LOCKING HINGE, FOREARM			X	\$3,020.88	
L6205		ELBOW DISARTICULATION, MOLDED SOCKET W/EXPANDABLE INTERFACE, OUTSIDE LOCKING HINGES, FOREARM			X	\$3,459.65	

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		ABOVE ELBOW, PROSTHETICS					
L6250		ABOVE ELBOW, MOLDED DOUBLE WALL SOCKET, INTERNAL LOCKING ELBOW, FOREARM			X	\$2,926.32	
		SHOULDER DISARTICULATION, PROSTHETICS					
L6300		SHOULDER DISARTICULATION, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INTERNAL LOCKING ELBOW, FOREARM			X	\$3,879.86	
L6310		SHOULDER DISARTICULATION, PASSIVE RESTORATION (COMPLETE PROSTHESIS)			X	\$3,422.87	
L6320		SHOULDER DISARTICULATION, PASSIVE RESTORATION (SHOULDER CAP ONLY)			X	\$2,107.34	
		INTERSCAPULAR THORACIC, PROSTHETICS					
L6350		INTERSCAPULAR THORACIC, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION INTERNAL LOCKING ELBOW, FOREARM			X	\$4,361.76	
L6360		INTERSCAPULAR THORACIC, PASSIVE RESTORATION (COMPLETE PROSTHESIS)			X	\$2,971.45	
L6370		INTERSCAPULAR THORACIC, PASSIVE RESTORATION (SHOULDER CAP ONLY)			X	\$2,084.62	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
		IMMEDIATE & EARLY POSTSURGICAL PROCEDURES					
L6380		POST OR EARLY FIT, APP.OF INIT RIGID DRESSING, INC FIT ALIGN & SUSPEN IF PLACE OF SERVICE = 21 OR 22, DENY INCLUDED IN HOSPITAL PAYMENT			X	\$1,183.96	
L6382		POST SURG OR EARLY FIT, APP OF INIT RIGID DRESSING, INCLUF FIT ALIGN & IF PLACE OF SERVICE = 21 OR 22, DENY INCLUDED IN HOSPITAL PAYMENT			X	\$1,391.29	
L6384		IMM POST SURG OR EARLY FIT, APP OF INIT RIGID DRESS,INC FIT ALIGN & IF PLACE OF SERVICE = 21 OR 22, DENY INCLUDED IN HOSPITAL PAYMENT			X	\$1,763.32	
L6386		IMMEDIATE POST SURGICAL OR EARLY FITTING, EACH ADDITIONAL CAST CHANGEIF PLACE OF SERVICE = 21 OR 22, DENY AS INCLUDED IN HOSPITAL PAYMENT			X	\$422.25	
L6388		IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF RIGID DRESSING IF PLACE OF SERVICE = 21 OR 22, DENY AS INCLUDED IN HOSPITAL PAYMENT			X	\$437.55	
		MOLDED SOCKET, PROSTHETICS					
L6400		BELOW ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING			X	\$2,326.47	
L6450		ELBOW DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING			X	\$3,220.82	

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L6500		ABOVE ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING			X	\$3,477.32	
L6550		SHOULDER DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING			X	\$3,792.52	
L6570		INTERSCAPULAR THORACIC, MOLDED SOCKET, ENDOSKELETAL SYSTEM			X	\$4,129.43	
		PREPATORY SOCKET, PROSTHETICS					
L6580		PREP, WR DISART OR BEL ELB, SGL WALL PLAS SOCK, FRICT WR FLEX ELB HNG "8" HARN, HUM CUFF, BOWDEN CABLE CONT, USMC OR EQ PYLON, NO COV, MOLD TO PAT MO			X	\$1,555.63	
L6582		PREP, WR DISART OR BEL ELB, SGL WALL SOCK, FRICT WR, FLEX ELB HNG "8" HARN HUM CUF, BOWDEN CABLE CONT, USMC OR EQ PYLON, NO COV, DIRECT FORMED			X	\$1,322.63	
L6584		PREP, ELB DISART OR AB ELB, SGL WALL PLAS SOCK, FRICT WR, LOCKING ELB, "8" HARN, FAIR LEAD CBL CONT, USMC OR EQ PYLON, NO COV, MOLD OT PAT MO			X	\$1,919.41	
L6586		PREP, ELB DISART OR AB ELB, SGL WALL SOCK, FRICT WR, LOCK ELB, "8" HARN, FAIR LEAD CABLE CONT, USMC OR EQ PYLON, NO COV, DIRECT FORMED			X	\$1,776.78	
L6588		PREP, SHLD DISART OR INTSCAP THORAC, SGL WALL PLAST SOCK, SHLDJT, LOCK, ELB			X	\$2,813.70	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
		FRICT WR, CHEST STRAP, FAIR LEAD, CAB CONT, NO COV, MOLD TO PAT MOD					
L6590		PREP, SHLDER DISART OR INTSCAP THORAC, SGL WALL SOCK, SHLDER JT, LOCK ELB. FRICT WR, CHEST STRAP, FAIR LEAD CAB CONT, NO COV, DIRECT FORM			X	\$2,482.81	
		ADDITIONS: UPPER LIMB, PROSTHETICS					
L6600		UPPER EXTREMITY ADDITIONS, POLYCENTRIC HINGE	PAIR			\$174.56	
L6605		UPPER EXTREMITY ADDITIONS, SINGLE PIVOT HINGE	PAIR			\$171.28	
L6610		UPPER EXTREMITY ADDITIONS, FLEXIBLE METAL HINGE	PAIR		X	\$171.09	
L6611		ADDITION TO UPPER EXTREMITY PROSTHESIS, EXTERNAL POWERED, ADDITIONAL SWITCH, ANY TYPE				\$381.11	
L6615		UPPER EXTREMITY ADDITION, DISCONNECT LOCKING WRIST UNIT				\$176.34	
L6620		UPPER EXTREMITY ADDITION, FLEXION/EXTENSION WRIST UNIT, W/OR W/O FRICTION				\$351.00	
L6623		UPPER EXTREMITY ADDITION, SPRING ASSISTED ROTATIONAL WRIST UNIT W/LATCH RELEASE				\$671.70	
L6624		UPPER EXTREMITY ADDITION, FLEXION/EXTENSION & ROTATION WRIST UNIT				\$3,486.09	

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L6625		UPPER EXTREMITY ADDITION, ROTATION WRIST UNIT W/CABLE LOCK				\$491.88	
L6628		UPPER EXTREMITY ADDITION, QUICK DISCONNECT HOOK ADAPTER, OTTO BOCK OR EQUAL				\$543.99	
L6629		UPPER EXTREMITY ADDITION, QUICK DISCONNECT LAMINATION COLLAR W/COUPLING PIECE, OTTO BOCK OR EQUAL				\$139.51	
L6630		UPPER EXTREMITY ADDITION, STAINLESS STEEL, ANY WRIST				\$199.32	
L6632		UPPER EXTREMITY ADDITION, LATEX SUSPENSION SLEEVE	EACH			\$66.27	
L6635		UPPER EXTREMITY ADDITION, LIFT ASSIST FOR ELBOW				\$182.96	
L6637		UPPER EXTREMITY ADDITION, NUDGE CONTROL ELBOW LOCK				\$360.08	
L6640		UPPER EXTREMITY ADDITIONS, SHOULDER ABDUCTION JOINT	PAIR			\$265.90	
L6641		UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, PULLEY TYPE				\$180.45	
L6642		UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, LEVER TYPE				\$247.07	
L6645		UPPER EXTREMITY ADDITION, SHOULDER FLEXION-ABDUCTION JOINT	EACH			\$312.90	
L6647		UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, BODY POWERED ACTUATOR				\$480.62	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
L6650		UPPER EXTREMITY ADDITION, SHOULDER UNIVERSAL JOINT		EACH		\$313.04	
L6655		UPPER EXTREMITY ADDITION, STANDARD CONTROL CABLE, EXTRA				\$83.14	
L6660		UPPER EXTREMITY ADDITION, HEAVY DUTY CONTROL CABLE				\$105.62	
L6665		UPPER EXTREMITY ADDITION, TEFLON, OR EQUAL, CABLE LINING				\$42.59	
L6670		UPPER EXTREMITY ADDITION, HOOK TO HAND, CABLE ADAPTER				\$53.53	
L6672		UPPER EXTREMITY ADDITION, HARNESS, CHEST OR SHOULDER, SADDLE TYPE				\$156.04	
L6675		UPPER EXTREMITY ADDITION, HARNESS, (E.G. FIGURE OF EIGHT TYPE), SINGLE CABLE DESIGN				\$111.06	
L6676		UPPER EXTREMITY ADDITION, HARNESS, (E.G. FIGURE OF EIGHT TYPE), DUAL CABLE DESIGN				\$120.37	
L6677		UPPER EXTREMITY ADDITION, HARNESS, TRIPLE CONTROL, SIMULTANEOUS OPERATION OF TERMINAL DEVICE & ELBOW				\$274.56	
L6680		UPPER EXTREMITY ADDITION, TEST SOCKET, WRIST DISARTICULATION OR BELOW ELBOW				\$222.83	
L6682		UPPER EXTREMITY ADDITION, TEST SOCKET, ELBOW DISARTICULATION OR ABOVE ELBOW				\$240.79	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
L6684		UPPER EXTREMITY ADDITION, TEST SOCKET, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC				\$322.37	
L6686		UPPER EXTREMITY ADDITION, SUCTION SOCKET				\$546.00	
L6687		UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, BELOW ELBOW				\$533.45	
L6688		UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, ABOVE ELBOW				\$515.28	
L6689		UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, SHOULDER DISARTICULATION				\$643.16	
L6690		UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, INTERSCAPULAR-THORACIC				\$674.27	
L6691		UPPER EXTREMITY ADDITION, REMOVABLE INSERT		EACH		\$379.80	
L6692		UPPER EXTREMITY ADDITION, SILICONE GEL INSERT OR EQUAL		EACH		\$523.34	
L6693		UPPER EXTREMITY ADDITION, LOCKING ELBOW, FOREARM COUNTERBALANCE				\$2,627.92	
L6694		ADDITION TO UPPER EXTREMITY PROsthESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT				\$692.79	
L6695		ADDITION TO UPPER EXTREMITY PROsthESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED FROM				\$577.31	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
		EXISTING MOLD OR PREFABRICATED, SOCKET INSERT					
L6696		ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED SOCKET INSERT FOR CONGENITAL OR ATYPICAL TRAUMATIC				\$1,217.57	
L6697		ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED SOCKET INSERT FOR OTHER THAN CONGENITAL OR ATYPICAL				\$1,217.57	
L6698		ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, LOCK MECHANISM, EXCLUDES SOCKET INSERT				\$613.36	
		TERMINAL DEVICE, PROSTHETICS					
L6703		TERMINAL DEVICE, PASSIVE HAND/MITT, ANY MATERIAL, ANY SIZE			X	\$312.99	
L6704		TERMINAL DEVICE, SPORT/RECREATIONAL/WORK ATTACHMENT, ANY MATERIAL, ANY SIZE			X	\$660.20	
L6706		TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED			X	\$377.55	
L6707		TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED			X	\$1,362.98	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
L6708		TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE			X	\$915.62	
L6709		TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE			X	\$1,271.46	
L6711		TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED, PEDIATRIC			X	\$662.13	
L6712		TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED, PEDIATRIC			X	\$1,219.11	
L6713		TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, PEDIATRIC			X	\$1,538.59	
L6714		TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, PEDIATRIC			X	\$1,303.19	
L6721		TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED			X	\$2,316.30	
L6722		TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED			X	\$1,996.83	
		ADDITION TO TERMINAL DEVICE, PROSTHETICS					
L6805		ADDITION TO TERMINAL DEVICE, MODIFIER WRIST UNIT				\$402.58	

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L6810		ADDITION TO TERMINAL DEVICE, PRECISION PINCH DEVICE				\$188.26	
L6881		AUTOMATIC GRASP FEATURE, ADDITION TO UPPER LIMB ELECTRIC PROSTHETIC TERMINAL DEVICE				\$3,784.26	
		HAND RESTORATION, PROSTHETICS					
L6890		ADDITION TO UPPER EXTREMITY PROSTHESIS, GLOVE FOR TERMINAL DEVICE, ANY				\$209.74	
L6895		ADDITION TO UPPER EXTREMITY PROSTHESIS, GLOVE FOR TERMINAL DEVICE, ANY MATERIAL, CUSTOM FABRICATED				\$591.50	
L6900		HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, W/GLOVE, THUMB OR ONE FINGER REMAINING			X	\$1,827.12	
L6905		HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS, INCLUDED), PARTIAL HAND, W/GLOVE, MULTIPLE FINGERS REMAINING			X	\$1,450.96	
L6910		HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, W/GLOVE, NO FINGERS REMAINING			X	\$1,763.78	
L6915		HAND RESTORATION (SHADING & MEASUREMENTS INCLUDED), REPLACEMENT GLOVE FOR ABOVE			X	\$765.89	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPY	MEDICAID ALLOWABLE	"X" DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
		ADDITION TO UPPER EXTREMITY PROsthESIS, PROSTHETICS					
L7400		ADDITION TO UPPER EXTREMITY PROsthESIS, BELOW ELBOW/WRIST DISARTICULATION, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)				\$283.70	
L7401		ADDITION TO UPPER EXTREMITY PROsthESIS, ABOVE ELBOW DISARTICULATION, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)				\$317.59	
L7402		ADDITION TO UPPER EXTREMITY PROsthESIS, SHOULDER DISARTICULATION/INTERSCAPULAR THORACIC, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)				\$342.99	
L7403		ADDITION TO UPPER EXTREMITY PROsthESIS, BELOW ELBOW/WRIST DISARTICULATION, ACRYLIC MATERIAL				\$340.87	
L7404		ADDITION TO UPPER EXTREMITY PROsthESIS, ABOVE ELBOW DISARTICULATION, ACRYLIC MATERIAL				\$514.48	
L7405		ADDITION TO UPPER EXTREMITY PROsthESIS, SHOULDER DISARTICULATION/INTERSCAPULAR THORACIC, ACRYLIC MATERIAL				\$672.86	
L7499		UPPER EXTREMITY PROsthESIS, NOT OTHERWISE SPECIFIED	X	PA REQUIRED IF BILLED OVER \$500 EXCEPT FOR IN A NF OR ICF/DD	X	RNE	

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		REPAIRS, PROSTHETICS					
L7510		REPAIR OF PROSTHETIC DEVICE, REPAIR OR REPLACE MINOR PARTS	X	PA REQUIRED IF BILLED OVER \$500 EXCEPT FOR IN A NF OR ICF/DD		RNE	
L7520		REPAIR PROSTHETIC DEVICE, LABOR COMPONENT		PER 15 MINUTES		\$11.01	
		DONNING SLEEVE, PROSTHETICS					
L7600		PROSTHETIC DONNING SLEEVE, ANY MATERIAL	X	EACH, PA REQUIRED IF BILLED OVER \$500 EXCEPT FOR IN A NF OR ICF/DD		RNE	
		BREAST PROSTHESIS, PROSTHETICS					
L8000		BREAST PROSTHESIS, MASTECTOMY BRA				\$37.40	
L8001		BREAST PROSTHESIS, MASTECTOMY BRA, W/INTEGRATED BREAST PROSTHESIS FORM, UNILATERAL			X	\$116.10	
L8002		BREAST PROSTHESIS, MASTECTOMY BRA, W/INTEGRATED BREAST PROSTHESIS FORM, BILATERAL			X	\$152.74	
L8010		BREAST PROSTHESIS, MASTECTOMY SLEEVE			X	\$77.70	
L8015		EXTERNAL BREAST PROSTHESES GARMENT, W/MASTECTOMY FORM, POST MASTECTOMY			X	\$55.46	
L8020		BREAST PROSTHESIS, MASTECTOMY FORM			X	\$220.30	
L8030		BREAST PROSTHESIS, SILICONE OR EQUAL, W/O INTEGRAL ADHESIVE			X	\$329.79	

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L8031		BREAST PROSTHESIS, SILICONE OR EQUAL, W/INTEGRAL ADHESIVE				\$329.82	
L8032		NIPPLE PROSTHESIS, REUSABLE, ANY TYPE				\$36.26	
L8035		CUSTOM BREAST PROSTHESIS, POST MASTECTOMY, MOLDED TO PATIENT MODEL		EACH	X	\$3,391.22	
L8039		BREAST PROSTHESIS, NOT OTHERWISE SPECIFIED	X	PA REQUIRED IF BILLED OVER \$500 EXCEPT FOR IN A NF OR ICF/DD	X	RNE	
		FACE & EAR PROSTHESIS, PROSTHETICS					
L8040		NASAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN			X	\$2,124.71	
L8041		MIDFACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN			X	\$2,561.01	
L8042		ORBITAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN			X	\$2,877.53	
L8043		UPPER FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN		SNORING MOUTH DEVICES ARE NOT COVERED. DIRECT QUESTIONS TO PROGRAM SPECIALIST.	X	\$3,222.84	
L8044		HEMI-FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN			X	\$3,568.12	
L8045		AURICULAR PROSTHESIS, PROVIDED BY A NON-PHYSICIAN			X	\$2,274.29	
L8046		PARTIAL FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN			X	\$2,302.02	
L8047		NASAL SEPTAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN			X	\$1,179.78	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
L8048		UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT, PROVIDED BY A NON-PHYSICIAN	X	SNORING MOUTH DEVICES ARE NOT COVERED. DIRECT QUESTIONS TO PROGRAM SPECIALIST. PA REQUIRED IF BILLED OVER \$500 EXCEPT FOR IN A NF OR ICF/DD	X	RNE	
L8049		REPAIR OR MODIFICATION OF MAXILLOFACIAL PROSTHESIS, LABOR COMPONENT, 15 MINUTE INCREMENTS, PROVIDED BY A NON-PHYSICIAN				\$19.83	
		TRUSSES, PROSTHETICS					
L8300		TRUSS, SINGLE W/STANDARD PAD			X	\$104.01	
L8310		TRUSS, DOUBLE W/STANDARD PADS			X	\$157.51	
L8320		TRUSS, ADDITION TO STANDARD PAD, WATER PAD				\$49.43	
L8330		TRUSS, ADDITION TO STANDARD PAD, SCROTAL PAD				\$45.65	
		PROSTHETIC SOCKS, PROSTHETICS					
L8400		PROSTHETIC SHEATH, BELOW KNEE		EACH		\$16.93	
L8410		PROSTHETIC SHEATH, ABOVE KNEE		EACH		\$19.58	
L8415		PROSTHETIC SHEATH, UPPER LIMB		EACH		\$22.49	
L8417		PROSTHETIC SHEATH/SOCK, INCLUDING A GEL CUSHION LAYER, BELOW KNEE OR ABOVE KNEE		EACH	X	\$69.61	
L8420		PROSTHETIC SOCK, MULTIPLE, PLY, BELOW KNEE		EACH		\$19.91	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
L8430		PROSTHETIC SOCK, MULTIPLE PLY, ABOVE KNEE		EACH		\$22.58	
L8435		PROSTHETIC SOCK, MULTIPLE PLY, UPPER LIMB		EACH		\$21.53	
L8440		PROSTHETIC SHRINKER, BELOW KNEE		EACH		\$38.77	
L8460		PROSTHETIC SHRINKER, ABOVE KNEE		EACH	X	\$61.63	
L8465		PROSTHETIC SHRINKER, UPPER LIMB		EACH		\$45.10	
L8470		PROSTHETIC SOCK, SINGLE PLY, FITTING, BELOW KNEE		EACH		\$6.17	
L8480		PROSTHETIC SOCK, SINGLE PLY, FITTING, ABOVE KNEE		EACH		\$8.50	
L8485		PROSTHETIC SOCK, SINGLE PLY, FITTING, UPPER LIMB		EACH		\$13.56	
L8499		UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC SERVICES	X	PA REQUIRED EXCEPT FOR NF OR ICF/DD. MISCELLANEOUS CODES MAY NOT BE USED FOR AN ITEM THAT MEDICAID DOESN'T COVER, OR TO EXCEED THE MEDICAID ALLOWABLE FOR A TYPE OF ITEM W/A SPECIFIC CODE & ALLOWANCE.	X	RNE	

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L8499	RR	UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC SERVICES	X	PA REQUIRED EXCEPT FOR NF OR ICF/DD. MISCELLANEOUS CODES MAY NOT BE USED FOR AN ITEM THAT MEDICAID DOESN'T COVER, OR TO EXCEED THE MEDICAID ALLOWABLE FOR A TYPE OF ITEM W/A SPECIFIC CODE & ALLOWANCE.		RNE	
		LARYNX & TRACHEA PROSTHETICS & ACCESSORIES, PROSTHETICS					
L8500		ARTIFICIAL LARYNX, ANY TYPE	X	PA REQUIRED IF BILLED OVER \$500 EXCEPT FOR IN A NF OR ICF/DD	X	RNE	
L8501		TRACHEOSTOMY SPEAKING VALVE			X	\$111.71	
L8505		ARTIFICIAL LARYNX REPLACEMENT BATTERY/ACCESSORY, ANY TYPE	X	PA REQUIRED IF BILLED OVER \$500 EXCEPT FOR IN A NF OR ICF/DD		RNE	
L8507		TRACHEO-ESOPHAGEAL VOICE PROsthESIS, PATIENT INSERTED, ANY TYPE		EACH		\$38.80	
L8510		VOICE AMPLIFIER			X	\$233.91	
L8511		INSERT FOR INDWELLING TRACHEOESOPHAGEAL PROsthESIS, W/OR W/O VALVE		EACH, REPLACEMENT ONLY		\$67.34	
L8512		GELATIN CAPSULES OR EQUIVALENT, FOR USE W/TRACHEOESOPHAGEAL VOICE PROsthESIS		PER 10, REPLACEMENT ONLY		\$1.99	

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L8513		CLEANING DEVICE USED W/TRACHEOESOPHAGEAL VOICE PROsthESIS, PIPET, BRUSH, OR EQUAL		EACH, REPLACEMENT ONLY		\$4.81	
L8514		TRACHEOESOPHAGEAL PUNCTURE DILATOR		EACH, REPLACEMENT ONLY		\$87.30	
L8515		GELATIN CAPSULE, APPLICATION DEVICE FOR USE W/TRACHEOESOPHAGEAL VOICE PROsthESIS		EACH		\$58.43	
		BREAST IMPLANT, PROSTHETICS					
L8600		IMPLANTABLE BREAST PROsthESIS, SILICONE OR EQUALNOT A SUPPLIER SERVICE		NOT A SUPPLIER SERVICE		RNE	
		EYE & EAR IMPLANTS & ACCESSORIES, PROSTHETICS					
L8614		COCHLEAR DEVICE, INCLUDES ALL INTERNAL & EXTERNAL COMPONENTS	X	CAN BE USED AS A BAH, PA REQUIRED EXCEPT FOR IN A NF OR ICF/DD		RNE	
L8615		HEADSET/HEADPIECE FOR USE W/COCHLEAR IMPLANT DEVICE	X	REPLACEMENT, PA REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$417.47	
L8616		MICROPHONE FOR USE W/COCHLEAR IMPLANT DEVICE	X	REPLACEMENT, PA REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$97.22	
L8617		TRANSMITTING COIL FOR USE W/COCHLEAR IMPLANT DEVICE	X	REPLACEMENT, PA REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$84.92	
L8618		TRANSMITTER CABLE FOR USE W/COCHLEAR IMPLANT DEVICE	X	REPLACEMENT, PA REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$24.28	
L8619		COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR & CONTROLLER, INTEGRATED SYSTEM	X	REPLACEMENT, PA REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$7,532.84	

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L8619	RA	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR & CONTROLLER, INTEGRATED SYSTEM	X	REPLACEMENT, PA REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$7,532.84	
L8619	RB	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR & CONTROLLER, INTEGRATED SYSTEM	X	REPLACEMENT, PA REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$7,532.84	
L8621		ZINC AIR BATTERY FOR USE W/COCHLEAR IMPLANT DEVICE		EACH, REPLACEMENT		\$0.57	
L8622		ALKALINE BATTERY FOR USE W/COCHLEAR IMPLANT DEVICE, ANY SIZE		EACH, REPLACEMENT		\$0.30	
L8623		LITHIUM ION BATTERY FOR USE W/COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR				\$59.89	
L8624		LITHIUM ION BATTERY FOR USE W/COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR, EAR				\$149.28	
L8629		TRANSMITTING COIL & CABLE, INTEGRATED, FOR USE W/ COCHLEAR IMPLANT DEVICE	X	REPLACEMENT, INVOICE COST, PA REQUIRED IF BILLED OVER \$500 EXCEPT FOR IN A NF OR ICF/DD		RNE	
		NEUROSTIMULATOR & ACCESSORIES, PROSTHETICS					
L8679		IMPLANTABLE NEUROSTIMULATOR, PULSE GENERATOR, ANY TYPE		REFER TO PHYSICIAN FEE SCHEDULE FOR PAYMENT INFO		N/A	
L8680		IMPLANTABLE NEUROSTIMULATOR ELECTRODE		EACH, REFER TO PHYSICIAN FEE SCHEDULE FOR PAYMENT		N/A	
L8682		IMPLANTABLE NEUROSTIMULATOR RADIOFREQUENCY RECEIVER		REFERE TO PHYSICIAN FEE SCHEDULE FOR PAYMENT		N/A	

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L8683		RADIOFREQUENCY TRANSMITTER (EXTERNAL) FOR USE W/IMPLANTABLE NEUROSTIMULATOR RADIOFREQUENCY RECEIVER			X	\$4,904.94	
L8684		RADIOFREQUENCY TRANSMITTER (EXTERNAL) FOR USE W/IMPLANTABLE SACRAL ROOT NEUROSTIMULATOR RECEIVER FOR BOWEL & BLADDER MANAGEMENT		REPLACEMENT ONLY	X	\$786.28	
L8685		IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, RECHARGEABLE, INCLUDES EXTENSION		INVOICE REQUIRED, INVOICE COST		RNE	
L8686		IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, NON-RECHARGEABLE, INCLUDES EXTENSION		INVOICE REQUIRED, INVOICE COST		RNE	
L8687		IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, RECHARGEABLE, INCLUDES EXTENSION		INVOICE REQUIRED, INVOICE COST		RNE	
L8688		IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, NON-RECHARGEABLE, INCLUDES EXTENSION		INVOICE REQUIRED, INVOICE COST		RNE	
		MISCELLANEOUS PROSTHETICS & ACCESSORIES, PROSTHETICS					
L8691	RA	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR	X	REPLACEMENT, PA REQUIRED EXCEPT FOR IN A NF OR ICF/DD	X	\$2,468.29	
L8692		AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, USED W/O OSSEOINTEGRATION, BODY WORN, INCLUDES HEADBAND OR OTHER MEANS OF		DESCRIPTION & ACTUAL COST INVOICE NEEDED		RNE	

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L8693		AUDITORY OSSEOINTEGRATED DEVICE ABUTMENT, ANY LENGTH		REPLACEMENT ONLY, INVOICE REQUIRED, INVOICE COST		RNE	
L9900		ORTHOTIC & PROSTHETIC SUPPLY, ACCESSORY, &/OR SERVICE COMPONENT OF ANOTHER HCPCS L CODE		INVOICE REQUIRED, INVOICE COST		RNE	
		TEMPORARY CODES, MEDICAL OR SURGICAL SUPPLIES					
S5560		INSULIN DELIVERY DEVICE, REUSABLE PEN		1.5 ML SIZE		RNE	
S5561		INSULIN DELIEVERY DEVICE, REUSABLE PEN		3 ML SIZE		RNE	
S8185	NU	FLUTTER DEVICE	X	PA REQUIRED IF BILLED OVER \$500 EXCEPT FOR IN A NF OR ICF/DD		RNE	
S8189		TRACHEOSTOMY SUPPLY, NOT OTHERWISE CLASSIFIED	X	PA REQUIRED IF BILLED OVER \$500 EXCEPT FOR IN A NF OR ICF/DD		RNE	
S8210		MUCUS TRAP	X	PA REQUIRED IF BILLED OVER \$500 EXCEPT FOR IN A NF OR ICF/DD		RNE	
S8420		GRADIENT PRESSURE AID (SLEEVE & GLOVE COMBINATION), CUSTOM MADE	X	PA REQUIRED IF BILLED OVER \$500 EXCEPT FOR IN A NF OR ICF/DD		RNE	
S8422		GRADIENT PRESSURE AID (SLEEVE), CUSTOM MADE, MEDIUM WEIGHT	X	PA REQUIRED IF BILLED OVER \$500 EXCEPT FOR IN A NF OR ICF/DD		RNE	
S8425		GRADIENT PRESSURE AID (GLOVE), CUSTOM MADE, MEDIUM WEIGHT	X	PA REQUIRED IF BILLED OVER \$500 EXCEPT FOR IN A NF OR ICF/DD		RNE	
S8426		GRADIENT PRESSURE AID (GLOVE), CUSTOM MADE, HEAVY WEIGHT	X	PA REQUIRED IF BILLED OVER \$500 EXCEPT FOR IN A NF OR ICF/DD		RNE	
S8427		GRADIENT PRESSURE AID (GLOVE), READY MADE	X	EACH, PA REQUIRED IF BILLED OVER \$500 EXCEPT FOR IN A NF OR ICF/DD		RNE	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
S8428		GRADIENT PRESSURE AID (GAUNTLET), READY MADE				RNE	
S8460		CAMISOLE, POST-MASTECTOMY				RNE	
S8490		INSULIN SYRINGES		PER 100 SYRINGES, ANY SIZE		\$47.22	
S8999		RESUSCITATION BAG (FOR USE BY PATIENT ON ARTIFICIAL RESPIRATION DURING POWER FAILURE OR OTHER CATASTROPHIC EVENT)				RNE	
S9001	KR	HOME UTERINE MONITOR W/OR W/O ASSOCIATED NURSING SERVICES				\$72.40	
S9001	RR	HOME UTERINE MONITOR W/OR W/O ASSOCIATED NURSING SERVICES				\$2,172.12	
		INCONTINENCE, MEDICAL OR SURGICAL SUPPLIES					
T4521		ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL		EACH, SEE PROVIDER BULLETIN 10-45		\$0.86	
T4522		ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, MEDIUM		EACH, SEE PROVIDER BULLETIN 10-45		\$0.94	
T4523		ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE		EACH, SEE PROVIDER BULLETIN 10-45		\$1.05	
T4524		ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EXTRA LARGE		EACH, SEE PROVIDER BULLETIN 10-45		\$1.05	
T4525		ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL SIZE		EACH, SEE PROVIDER BULLETIN 10-45		\$0.86	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
T4526		ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, MEDIUM SIZE		EACH, SEE PROVIDER BULLETIN 10-45		\$0.94	
T4527		ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE		EACH, SEE PROVIDER BULLETIN 10-45		\$1.05	
T4528		ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EXTRA LARGE SIZE		EACH, SEE PROVIDER BULLETIN 10-45		\$1.05	
T4529		PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL/MEDIUM SIZE		EACH, SEE PROVIDER BULLETIN 10-45		\$0.80	
T4530		PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE SIZE		EACH, SEE PROVIDER BULLETIN 10-45		\$0.86	
T4531		PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL/MEDIUM SIZE		EACH, SEE PROVIDER BULLETIN 10-45		\$0.80	
T4532		PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE		EACH, SEE PROVIDER BULLETIN 10-45		\$0.86	
T4533		YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER		EACH, SEE PROVIDER BULLETIN 10-45		\$0.86	
T4534		YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON		EACH, SEE PROVIDER BULLETIN 10-45		\$0.86	
T4535		DISPOSABLE LINER/SHIELD/GUARD/PAD/UNDERGARMENT, FOR INCONTINENCE		EACH, SEE PROVIDER BULLETIN 10-45		\$0.47	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPY	MEDICAID ALLOWABLE	"X"DESIGNATES ITEMS THAT NF/ICF-DD's CAN BILL SEPARATE FROM PER DIEM
T4536		INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, REUSABLE, ANY SIZE		EACH, MAX 14 INITIALLY, THEN 14 IN 6 MO. PAYS 1.3 UP TO \$20/UNIT		RNE	
T4537	NU	INCONTINENCE PRODUCT, PROTECTIVE UNDERPAD, REUSABLE, BED SIZE		EACH		\$17.32	
T4538		DIAPER SERVICE, REUSABLE DIAPER		EACH		\$1.05	
T4539		INCONTINENCE PRODUCT, DIAPER/BRIEF, REUSABLE, ANY SIZE		EACH		RNE	
T4540		INCONTINENCE PRODUCT, PROTECTIVE UNDERPAD, REUSABLE, CHAIR SIZE		EACH		\$10.82	
T4541		INCONTINENCE PRODUCT, DISPOSABLE UNDERPAD, LARGE		EACH, SEE PROVIDER BULLETIN 10-45		\$0.55	
T4542		INCONTINENCE PRODUCT, DISPOSABLE UNDERPAD, SMALL SIZE		EACH, SEE PROVIDER BULLETIN 10-45		\$0.55	
T4543		DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, BARIATRIC		EACH, SEE PROVIDER BULLETIN 10-45		\$1.08	
T4544		ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, ABOVE EXTRA LARGE		EACH, SEE PROVIDER BULLETIN 10-45		\$1.05	
		SEAT, DME					
T5001		POSITIONING SEAT FOR PERSONS W/SPECIAL ORTHOPEDIC NEEDS				RNE	
		HEARING AIDS, SERVICES & ACCESSORIES, HEARING SERVICES					
V5266		BATTERY FOR USE IN HEARING DEVICE		UP TO (32 UNITS PER CLAIM) 1 BATTERY = 1 UNIT		\$1.10	